

Dear Educator,

Thank you for your interest in a position with the Logan Elm School District. We are pleased to send you the enclosed employment application. Please be informed that if you come "Under Final Consideration" for employment you must provide the Logan Elm Schools with a current (one year) certified copy of a BCI Criminal Records check and a current (one year) certified copy of a FBI Criminal Records check. You must also authorize the Logan Elm Schools to check all references including a release of information by any former employer.

You are asked to submit the following materials to this office along with your completed application:

1. Copy of an official transcript showing degree(s).
2. Copy of your Ohio teaching license(s).
3. Applicant for employment waiver/authorization form.

Your application will be carefully reviewed and you may be contacted for an interview. All applicants that are interviewed will be notified as to the disposition of their application.

Applications are maintained for a period of two calendar years. If you wish to be considered again after the two-year period, a new application will be required.

Thank you again for your interest in the Logan Elm Schools.

Sincerely,

Tim Williams
Superintendent



LOGAN ELM LOCAL SCHOOL DISTRICT

9579 Tarlton Road Circleville, OH 43113-9448
 Phone: (740) 474-7501 Fax: (740) 477-6525

APPLICATION FOR PROFESSIONAL EMPLOYMENT

The Logan Elm School District is dedicated to the provision of equal educational opportunities and equal employment opportunities without regard to race, creed, economic status, national origin, sex or handicap.

PERSONAL DATA

Name _____ Application Date _____
LAST FIRST M.I.

Present Address _____ Telephone _____
Street and Number Area Code

City _____ State _____ Zip _____

Permanent Address _____ Telephone _____
Street and Number Area Code

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Are you a U.S. Citizen? YES NO circle answer

TEACHING PREFERENCE AND COMPETENCIES

Position(s) applied for:

() Elementary _____ () Junior High _____
Grade levels in order of preference

() Special _____ () High School _____
Area Subjects in order of preference

() Administration _____
Position

Extracurricular Assignment Interests - Check any of the following activities which you are qualified and willing to coach or direct. Use a double check to show actual coaching or directing experience.

_____ Yearbook	_____ Football	_____ Golf	_____ Cheerleading
_____ Newspaper	_____ Basketball	_____ Tennis	_____ Class Sponsor
_____ Dramatics	_____ Baseball	_____ Soccer	_____ Clubs
_____ Volleyball	_____ Track	_____ Marching Band	_____ Other: _____
_____ Softball	_____ Wrestling	_____ Cross Country	_____ Other: _____

CERTIFICATION	Type of Ohio Teaching Certificate/License You Hold	Date Issued	Date of Expiration	Certificate/License Number	Subjects or Grades Appearing on Certificates/License

Note: Please submit a copy of all valid Ohio certificates with this application.

ACADEMIC PREPARATION FOR TEACHING	School	Name and Location	Date Attended	Diploma or Degree	Total SEMESTER Hours	Major	Minor	Grade Point Average	Distinctions or Honors
	High School								
	College or University								

Total Number of SEMESTER Hours Earned: _____ Undergraduate _____ Graduate

Semester Hours in Your Teaching Field(s): _____ Sem. Hrs. in _____ GPA _____

Note: Copies of all transcripts should be submitted with this application. _____ Sem. Hrs. in _____ GPA _____

3 quarter hours = 2 semester hours. _____ Sem. Hrs. in _____ GPA _____

STUDENT TEACHING	Name and Location of School	Name of Cooperating Teacher	Grade	Subject	Date From To	

Note: Student teaching information may be omitted by teachers with three or more years experience.

PROFESSIONAL EXPERIENCE	Include all contracted positions you have held as a certified teacher. List chronologically with most recent positions first. In Ohio, 120 or more days experience in the same school year equals one year.					
	Name and Location of School/Address	Position	Date From To		Total Years	Reason for Leaving

Are you presently under contract? () YES () NO If YES, to whom? _____
School system

If yes, why do you wish to leave? _____

Have you been employed under a continuing contract in Ohio? () YES () NO

If yes, continuing contract was granted by _____ on _____
School system Date

Have you ever been discharged or requested to resign from a teaching position? () YES () NO

If yes, explain _____

Have you previously applied for a position in the Logan Elm Local School District? () YES () NO

	Firm	Location	Kind of Work Performed	Dates of Service
OTHER WORK EXPERIENCE				

List experiences you have had working with children (outside of school)

Home _____

Community _____

Camp _____

Other _____

MILITARY	Have you served in the military? _____ If so, list active service dates _____
	Service Branch _____ Honorably Discharged? _____ Rank at Discharge _____
	Significant duties/honors: _____

--

Please list at least THREE professional references.
 Experienced teachers MUST include the names of principals and/or superintendents under whom they have worked, including the most recent supervisor or administrator. Beginning teachers MUST include the name of their cooperating teacher.
 Note: If you have a current placement file, please request that it be sent to us.

	Name	Address	Phone	Position or Occupation	
REFERENCES	A. Professional References				
	1.	_____			
	2.	_____			
	3.	_____			
	B. Personal References				
	1.	_____			
	2.	_____			
	3.	_____			
	Do we have your permission to contact the above mentioned persons? () YES () NO				
	Have you requested that your placement file be sent to us? () YES () NO				

PROFESSIONAL ACTIVITIES

Briefly describe any professional recognition, memberships and growth activities. _____

In the space below, please include any other pertinent data or information, not previously requested on the application, which might assist us in arriving at a more realistic appraisal of your training, experience and overall competence for the position for which you are applying.

WORK OR VOLUNTEER SERVICE

Briefly describe any work or volunteer experience which could be of special value to you as an educator.

EDUCATIONAL PHILOSOPHY

Please use the space below to express, in your own handwriting, a portion of your educational philosophy.

CANDIDATE'S STATEMENTS

I hereby authorize the Logan Elm Local School District to obtain from my previous employer(s), all data necessary to support this application. I certify that all information on this application is true and complete to the best of my knowledge. I understand that any withholding or falsification of information on this application constitutes grounds for dismissal if I am employed.

As an applicant with the Logan Elm Local School District, I make the following commitments that I will abide by if I am employed:

1. I will respect other human beings regardless of race, sex, color, creed, handicap or economic status.
2. As an educator, my highest priority will be service to students.
3. I will spend the time necessary to plan and organize for successful teaching.
4. I will spend time to attend and help supervise school activities and professional meetings outside of school hours.
5. I will assume additional duties to assure an efficient school operation such as hall duty, playground duty, etc.
6. I will continuously strive for better ways to help youngsters grow and learn through professional reading, further training and participation in staff development activities.
7. I will take pride in my personal appearance and conduct to help ensure a proper image for students.

Applicant's Signature

Date

LOGAN ELM LOCAL SCHOOL DISTRICT
9579 Tarlton Road, Circleville, Ohio 43113

APPLICANT FOR EMPLOYMENT WAIVER/AUTHORIZATION

I acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio Law submit to fingerprinting, and satisfactorily pass criminal records check, if I come "Under Final Consideration" for employment. I also understand that if I have applied to be a bus driver, I must submit to and pass a pre-employment drug/alcohol test to be paid by the local school district.

I recognize that I would be charged \$60 for the BCI and FBI records checks through the Pickaway County Educational Service Center. Unless I pay the fee, I will not be considered for employment.

I authorize investigation of all matters contained in my application for employment; certify that all statements made by me on the Logan Elm Local Schools employment application are true and accurate to the best of my knowledge; and I further recognize that, should the employer discover that I have falsified any such information, I will not be hired or, if already hired, will be subject to termination from employment on that ground.

I authorize all persons, schools, companies, corporations, former employers, and law enforcement agencies to supply any lawful information concerning my background and release them from all liability and responsibility arising from their doing so.

Print Name: _____

Signature: _____ Date _____