

West Liberty-Salem Local School Certified Teaching Application



An educational partnership dedicated to helping students reach their full potential.

Equal Opportunity Employer

(Please Print with a Pen or Type)

DATE	SOCIAL SECURITY NUMBER			
NAME	LAST		RST	MIDDLE
		FII	131	MIDDLE
PRESENT ADDRES	STRE	ET/APT NO		CITY/STATE/ZIP CODE
EMAIL			PHONE _	
Position(s) applying	g for in order of p	reference:		Check all that apply:
1.				Full Time Teaching Only
2.				Part Time Teaching Only Substitute Teaching Only
PLEASE LIST	Γ ACTIVITIES OR	SPORTS THAT YOU AR	E QUALIFIED TO L	EAD:
		CERTIF	ICATION	
110T 111 1DD 101	N			A GUING GERENEIGATES (OR WILL HOLD RV
		RTIFICATE FROM ANOT		ACHING CERTIFICATES (OR WILL HOLD BY OBTAIN AN OHIO CERTIFICATE IN ORDER TO
AREA OF CER	FIFICATION	ISSUING STATE	DATE ISSUED	TYPE OF CERTIFICATE

EDUCATION AND BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/MINOR	DIPLOMAS OR DEGREES EARNED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
GRADUATE STUDY			
GRADUATE STUDY			

EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

		NAME OF COLLOCAL AND		NAME AND	REASON
		NAME OF SCHOOL AND		TITLE OF	FOR
D/	ATES	SCHOOL ADDRESS	POSITION	SUPERVISOR	LEAVING
FROM					
ТО					
FROM					
ТО					
FROM					
ТО					

If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

GRADE OR SUBJECT TAUGHT	NAME OF SCHOOL AND SCHOOL ADDRESS	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1
		2
		1
		2

STUDENT TEACHING REFERENCES:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include superintendents, principals, teachers, or professors who have first-hand knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

(Please check one) COLLEGE CREDENTIALS:	
I have enclosed all credentials	I have requested my college to send my credentials
You may request my credentials	I am not registered at my college placement office

How do you want your students to view you as a teacher/administrator?		
Describe your teaching/administrative style.		
What would be most rewarding to you as a teacher/administrator?		

Explain why you wish to be employed by West Liberty-Salem Schools?		
reciprocate by giving your application prand placed in our active teacher/administrenewed annually. Please contact this of I hereby certify that the answers on this athat any deliberate misrepresentation of commitments resulting from this applica State of Ohio and to the job descriptions and the ANY PERSON WHO KNOWINGLY SECTION 2921.13 OF THE REV	have given in making application to West Liberty-Salem Schools. We hope to compt consideration. Upon receipt of your application, it will be processed strator file for consideration when openings occur. All applications should be fice if you wish to reactivate your application. Application are true and correct to the best of my knowledge and belief, and facts contained herein may be grounds for invalidating any contract ation. I understand that my employment will be subject to the laws of the land policies adopted by the Board of Education. MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER AISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE we read and understand the above paragraphs.	
Name:	Date:	
	opportunity employers and follow Title IV of the Civil Rights of 1964, and Titles all of which prohibit discrimination in hiring or working conditions on the basis	
Interviewed by:	Dates Interviewed	

West Liberty-Salem Local Schools

Supplement to Employment Application

(to be completed by all job applicants)

Pursuant to sections 3319.39 and 109.57 of the revised code, The West Liberty-Salem School Board of Education does initiate an investigation of the Superintendent of the Bureau of Criminal Identification and Investigation of the State of Ohio (Hereafter C.I.) for all new employees to verify that no person has been convicted of or pleaded guilty to certain criminal offenses.

A violation of section 2903.01, 2903.02, 2903.03, 2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 2905.01, 2905.02, 2905.05, 2907.02, 2907.03, 2907.04, 2907.05, 2907.06, 2907.07, 2907.08, 2907.09, 2907.21, 2907.22, 2907.23, 2907.25, 2907.31, 2907.32, 2907.321, 2907.322, 2907.323, 2911.01, 2911.02, 2911.11, 2911.12, 2919.12, 2919.22, 2919.24, 2919.25, 2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 2925.04, 2925.05, 2925.06, or 3716.11 of the Revised Code, a violation of section 2905.04 of the Revised Code as it existed prior to July 1, 1996, a violation of section 2919.23 of the Revised Code that would have been a violation of section 2905.04 of the Revised Code as it existed prior to July 1, 1996, had the violation been committed prior to that date, a violation of section 2925.11 of the Revised Code that is not a minor drug possession offense, or felonious sexual penetration in violation of former section 2907.12 of the Revised Code. The West Liberty-Salem Board of Education may be unable to offer you employment or may be required to terminate your employment with the Board of Education.

Name: ______Date: _____

I acknowledge I have read and understand the above paragraphs.

READ CAREFULLY

Due to the length of time required for completion of the records check, it may occasionally be necessary to employ a person prior to West Liberty-Salem Schools having received the results of the criminal records investigation. By signing this document, I specifically agree that if I am employed by the West Liberty-Salem School Board of Education prior to receiving a report from B.C.I., the action of my employment by the West Liberty-Salem Board of Education SHALL BE VOID without any further action by either party and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment

I acknowledge I have read and understand the above paragraphs.

Name:	Date:

CRIMINAL OFFENSES LISTED IN ORC 3319.39

2903.01 Aggravated Murder	2907.25 Prostitution
2903.02 Murder	2907.31 Disseminating Matter Harmful to Juveniles
2903.03 Voluntary Manslaughter	2907.32 Pandering Obscenity
2903.04 Involuntary Manslaughter	2907.321-Involving a minor
2903.11 Felonious Assault	2907.322-Sexually oriented matter involving a minor
2903.12 Aggravated Assault	2907.323-Illegial use of a minor in nudity-oriented material
2903.13 Assault	or performance
2903.16 Failure to provide for a functionally	2911.01 Aggravated Robbery
Impaired person	2911.02 Robbery
2903.21 Aggravated Menacing	2911.11 Aggravated Burglary
2903.34 Patient Abuse, Neglect	2911.12 Burglary
2905.01 Kidnapping	2919.12 Unlawful Abortion
2905.02 Abduction	2919.22 Endangering Children
2905.04 Child Stealing	2919.23 Interference with Custody
2905.05 Child Enticement	2919.24 Contributing to Unruliness
2907.02 Rape	or Delinquency of a Child
2907.03 Sexual Battery	2919.25 Domestic Violence
2907.04 Corruption of a Minor	2923.12 Carrying Concealed Weapons
2907.05 Gross Sexual Imposition	2923.13 Having Weapons Under Disability
2907.06 Sexual Imposition	2923.161 Improperly Discharging a Firearm at or into a Habitation
2907.07 Importuning	or School
2907.08 Voyeurism	2925.02 Corrupting Another with Drugs
2907.09 Public Indecency	2925.03 Trafficking in Drugs
2907.12 Felonious Sexual Penetration	2925.04 Illegal Cultivation of Marihuana
2907.21 Compelling Prostitution of	2925.05 Funding, Aggravated Funding of Drug or Marihuana
a Child	Trafficking
2907.22 Promoting Prostitution	2925.06 Illegal Administration or Distribution of Anabolic Steroids
2007 22 Programing	2025 11 Deceasion of Controlled Calatanas
2907.23 Procuring	2925.11 Possession of Controlled Substances
	3716.11 Placing Harmful Objects or Substances in Food