

Elida Local Schools

Application for Teaching Position



*Inspired by Tradition,
Educating for Tomorrow*

Return Application To:
Elida Local Schools
4380 Sunnysdale
Elida, OH 45807

Date: _____

Name: _____

Last Name

First Name

Middle Name

Permanent Address: _____ Phone: _____

Present Address: _____ Phone: _____

Teaching Position Applying For: ___Elementary ___Secondary ___Middle School ___Substitute

List grades or subjects in order of preference for which you are applying:

1. _____ 2. _____ 3. _____

Co-Curricular activities that you can direct: _____

CERTIFICATION:

State: _____ Effective _____

Grades or Subjects on Certificate: _____

CHECK TYPE APPLICABLE:

_____ Resident Educator

_____ 5 Yr License

_____ Other (Specify) _____

Date of Availability: _____ Are you under contract? _____

Teaching Experience: Total Years (year is a minimum of 120 days) _____

School	Dates	Grades or Subjects	Administrator

Military Service: _____ Total Years: _____

WORKING EXPERIENCE OTHER THAN TEACHING (recent):

Firm or Institution	Location	Dates

PROFESSIONAL TRAINING:

	Name & Location	Major/Minor	Dates	Degree
High School				
University or College				
Graduate Work				

Student Teaching School District: _____

Grades/Subjects: _____ Supervising Teacher _____

REFERENCES: List below persons who have firsthand knowledge of your character, personality, teaching ability and scholarship.

Please list Name, Address, Phone Number, Position

1. _____
2. _____
3. _____
4. _____

Address of Placement Office where current credentials may be obtained.

You may attach a separate sheet giving any additional information which would help evaluate you for this position.

This application will be placed on file for consideration when vacancies occur. IT should be complete and accurate in every detail. Mail your application to the address on the front upper right hand corner. Applications mailed to the Allen County Office will be forwarded to each of the Local schools at their request.

A personal interview with the School District Superintendent is required. Applicants will be notified of the proper time to appear for interviews.

If you are employed, it will be necessary for you to furnish an official transcript and a copy of your original certificate.

CERTIFICATION OF APPLICANT: I hereby authorize the Elida Local School District Administrators to obtain from my former employers all data needed to support this application. I hereby authorize the Elida Local School Administrators to obtain from the references listed above any information needed to support this application.

I certify that the information given in this application is true to the best of my knowledge, and that I am or will be certified to teach all subjects and grades listed.

Signature of Applicant: _____ **Date:** _____