

# Field Local Schools

2900 State Route 43  
Mogadore, Ohio 44260  
Voice 330-673-2659  
Fax 330-677-0270

## Application For Certified / Licensed Position

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State/Zip Area Code

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State/Zip Area Code

Colleges or Universities Attended Degree Received Semester Hours

Colleges or Universities Attended	Degree Received	Semester Hours

Do you hold an Ohio License or certificate? \_\_\_\_\_ List areas of certification or licensure \_\_\_\_\_

When does your license / certificate expire? \_\_\_\_\_ List certificate / license number \_\_\_\_\_

Have you passed the Praxis Test in your licensure area? \_\_\_\_\_

Have you ever earned a continuing contract? \_\_\_\_\_ If yes, where and what year? \_\_\_\_\_

### Position(s)/Grade Level Desired

Elementary (Grade/s) \_\_\_\_\_

Middle (Grade/Subject) \_\_\_\_\_

Secondary (Subject/s) \_\_\_\_\_

Counselor (Level/s) \_\_\_\_\_

Administration \_\_\_\_\_

Special Education \_\_\_\_\_

Activities you are qualified to direct or coach:

Extracurricular activities while in college:

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**Student Teaching**

School	Location	Grade of Subjects	Resident Teacher

**Teaching Experience**

Years/Dates	Name of School	Address	Position/Grade or Subject

**Other Experience Outside Education That Would Qualify You For A Teaching / Administrative Position**

Dates	Company	Address	Position

**Military Service**

Branch: \_\_\_\_\_ Induction Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**References (Include most recent employer. Superintendent or principal in the case of teaching.)**

Full Name	Title	Complete Mailing Address	Phone #

Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

**Complete the following (Circle your response.)**

- |   |     |    |
|---|-----|----|
| 1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses? | Yes | No |
| 2. Have you ever been convicted of, found guilty of, or pled guilty to any felony?                                  | Yes | No |
| 3. Have you ever had a criminal conviction sealed or expunged?  | Yes | No |
| 4. Have you ever had a teaching certificate-limited, suspended or revoked?  | Yes | No |

**Please Note:** Ohio Revised Code mandates that all public school employees must be fingerprinted in order to submit to a criminal background check. (A disqualifying crime will result in immediate termination.) Tuberculosis testing is also required.

I certify under penalty of loss of position with the Field Local District that the information provided on this application is true and correct in every respect.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Use this space to comment on experiences that you have had that would be valuable and useful in your profession.

What do you consider to be the most essential qualities of a successful person in your profession?

What do you consider to be the greatest asset you would bring to this position?

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The Field Local School District is an Equal Opportunity Employer

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(Do not Write Below This Line)

Interview Information

Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Comments \_\_\_\_\_

Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Comments \_\_\_\_\_

Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Comments \_\_\_\_\_