



**EDUCATIONAL BACKGROUND**

	School or Institution and Location	Major/Minor	Diplomas, Degrees, or Credits Earned	Grade Point Average (GPA)
High School				
College/University				
College/University				
Graduate Study				
Graduate Study				

**EXPERIENCE** (present or most recent first)

Dates of Employment From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____
Work Performed _____ _____ _____		Reason for Leaving _____ Final Yearly Salary _____
Name & Title of Supervisor _____ _____		Phone Number (_____) _____

Dates of Employment From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____
Work Performed _____ _____ _____		Reason for Leaving _____ Final Yearly Salary _____
Name & Title of Supervisor _____ _____		Phone Number (_____) _____

Dates of Employment From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____
Work Performed _____ _____ _____		Reason for Leaving _____ Final Yearly Salary _____
Name & Title of Supervisor _____		Phone Number (_____) _____

Please list activities that you are qualified to supervise or coach:

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**STUDENT OR PRACTICE TEACHING** (*this section applies to Teachers only*)

Grade or Subject Taught	Name and Address of School	1.) College Supervisor 2.) Cooperating Teacher
	_____ _____	1.) _____ 2.) _____
	_____ _____	1.) _____ 2.) _____

**STUDENT TEACHING REFERENCES** (*this section applies to Teachers only*)

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 or professors who have knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-handed margin the date contact(s) may be made.

Name	Position	Address	Telephone

## OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. Military Service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional activities:

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## GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer “Yes” to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea or “nolo contendere” (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or magistrate which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18<sup>th</sup> birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program.

\_\_\_\_ Y \_\_\_\_ N Were you ever convicted of a criminal offense?

\_\_\_\_ Y \_\_\_\_ N Have you ever forfeited bond or collateral in connection with a criminal offense?

\_\_\_\_ Y \_\_\_\_ N Are you currently under charges for a criminal offense?

\_\_\_\_ Y \_\_\_\_ N Within the last ten years, have you been fired from any job for any reason?

\_\_\_\_ Y \_\_\_\_ N Within the last ten years, have you quit a job after being notified that you would be fired?

\_\_\_\_ Y \_\_\_\_ N Have you ever been professionally disciplined by the state?

*Professionally disciplined means the annulment, revocation or suspension of your teaching certificate or having received a letter of reprimand from an agency, board of commission of state government, such as the Ohio Professional Standards and Practice Commission.*

\_\_\_\_ Y \_\_\_\_ N Are you subject to any visa or immigration status which would prevent lawful employment?

Please Note: If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to the application. Please print and sign your name on the sheet, and include your social security number.

## ESSAY

Please write an essay as described on page six. For your convenience, you may attach a sheet; however, your essay may not exceed one page. At the bottom of the attachment, please print and sign your name.

**CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for 1.) Rejecting my candidacy, 2.) Withdrawing of any offer of employment, or 3.) Terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Re-Education Services, Inc. may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature in Ink)

Re-Education Services, Inc. shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the Ohio Human Relations Act. Information relative to special accommodations, grievance procedure and the designated responsible official for compliance with Title VI, Title VI, Title IX, and Section 504 may be obtained by contacting the Ohio Department of Education.

