



Ottawa Hills Local Schools
3600 Indian Road
Toledo OH 43606
419-536-6371
www.ottawahillsschools.org

Date Available _____

Name _____

Email Address _____

Present Address:

Permanent Address:

 (Street)

 (Street)

 (City) (State) (Zip)

 (City) (State) (Zip)

 (Telephone – include area code)

 (Telephone – include area code)

ADMINISTRATIVE POSITION APPLIED FOR: _____

CERTIFICATION: Complete the information requested concerning the Ohio certificate or license you hold, and attach a copy of that certificate or license.

Type _____

Certification Areas _____

Certificate No. _____

Date of Expiration _____

If you do not hold an Ohio certificate, have you made application for same? Yes _____ No _____

EDUCATION:

Name and Location	Dates Attended	Date of Graduation	Degree	Total Credit (Indicate Qtr. or Sem. Hrs.)
High School	X	X		
College				
College				

Please list professional organizations in which you are active: _____

Please list community organizations in which you are active: _____

Special interests: _____

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE – (most recent first)

Name of School and Location	Grade and/or Subject	Dates of Service		Position	Reason for Leaving
		From	To		

REFERENCES:

Name _____ Address _____

City _____ State ____ Zip _____ Home Phone _____ Work Phone _____

Name _____ Address _____

City _____ State ____ Zip _____ Home Phone _____ Work Phone _____

Name _____ Address _____

City _____ State ____ Zip _____ Home Phone _____ Work Phone _____

CREDENTIALS:

Please have your credentials, transcripts of courses, letters of recommendation from your employers, and any other documentation that would enhance your employment sent to me immediately.

Ms. Cathleen Heidelberg, Superintendent
 3600 Indian Road
 Toledo, OH 43606
 oh_s@nwoca.org

AFFIRMATION: I hereby affirm that all information in the application is true and correct. I understand any misstatement of material facts contained in this application may cause forfeiture of all my rights to employment in the service of the Ottawa Hills Local Schools. I also understand that employment will be contingent upon successful completion of a criminal record check.

Date _____ Signature _____