



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

Office Use Only		
_____	_____	_____
Degree	Scale	Step
Salary \$ _____		
Date of first interview _____		

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)

POSITION APPLIED FOR: Teacher _____ Substitute Teacher _____ Other _____

Indicate your choice of grade, subject, or area by filling in the appropriate space in order of preference.

Elementary 1st _____ 2nd _____

Junior High 1st _____ 2nd _____

Senior High 1st _____ 2nd _____

Other _____

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

Type _____

Certification Areas _____
 (or anticipated areas)

Grade _____

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				

STUDENT TEACHING EXPERIENCE: (If less than three years have elapsed since college graduation)

Name of School and Location	Grade and/or Subject	No. of Weeks	Name of Cooperating Teacher & Phone No.	Name of College Supervisor & Phone No.

TEACHING EXPERIENCE: Give full chronological data for all years since graduation beginning with most recent.

Name of School and Location	Grade and/or Subject	Date of Service From	To	Principal, Supervisor, or Chief School Officer	Reason for Leaving	Phone Number

Total number of years of school experience? Public _____ Non-Public _____

Do you now or have you ever held a continuing contract/tenure as an Ohio teacher? Yes No

Have you ever been denied a continuing contract? Yes No

If your teaching contract has ever been non-renewed, please give reason _____

List date, branch, and nature of military service _____ Total Months _____

Special Interests (hobbies, extra-curricular, coaching, etc.) _____

REFERENCES: Give the name of college or university placement office where you are registered and the names of four professional references.

Name	Complete Address	Phone Number	Position

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 _____