

APPLICATION FOR EMPLOYMENT

TO CERTIFIED POSTION

AN EQUAL OPPORTUNITY EMPLOYER

**DOVER CITY SCHOOL DISTRICT  
BOARD OF EDUCATION**

219 WEST SIXTH STREET  
DOVER, OHIO 44622

PLEASE PRINT

Date of Application \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

PRESENT ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

PERMANENT ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Number of Years at above present address: \_\_\_\_\_

Telephone Number: (Check which preferred) \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ Work: \_\_\_\_\_

Date Available: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Elementary School \_\_\_\_\_ High School  
(Check one) \_\_\_\_\_ Middle School \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

What grades or high school subjects are you licensed/certified to teach in Ohio? \_\_\_\_\_

What kind of a teacher's license/certificate do you hold? \_\_\_\_\_

\_\_\_\_\_ Expires when? \_\_\_\_\_

Are you able to direct or coach any of the following activities?

\_\_\_\_\_ Speech \_\_\_\_\_ Girls' Sports \_\_\_\_\_ Clubs, specify: \_\_\_\_\_

\_\_\_\_\_ Drama \_\_\_\_\_ Boys' Sports \_\_\_\_\_ Activities, specify: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Newspaper advertisement \_\_\_\_\_ Employee Referral  
\_\_\_\_\_ Walk-in applicant \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Have you ever applied for a position with the school district?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_

Have you ever been employed by the school district?

\_\_\_ Yes                    \_\_\_ No            If "Yes", when? \_\_\_\_\_

Are you currently employed?

\_\_\_ Yes                    \_\_\_ No            If "Yes", where, and in what position? \_\_\_\_\_

Do you have a relative working for the school district?

\_\_\_ Yes                    \_\_\_ No            If "Yes", state identity and relationship \_\_\_\_\_

EDUCATION DATA							
School	Name, Number, Street, City, State & Zip Code	Dates Attended	Year Graduated	Degree Received	College Major and Minor	Average Grade	No. of Semester Hours
Elementary School Last Attended							
High School Graduated From							
College							
College							
College							

In the following spaces give a complete record of your teaching experience, including periods of unemployment, if any. Begin with most recent teaching employment and work back. Also, list student teaching experience.

1.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

2.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

3.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

4.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

5.

TEACHING EMPLOYMENT HISTORY		
Employer:	Employed: From _____ Mo/Yr To _____ Mo/Yr	Starting position:
Address:		Last position:
Telephone:		Other positions held:
Grades or subject taught:	Immediate supervisor:	

**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

1. May we contact your employer(s)? Present Employer:  Yes  No  
Previous Employer(s):  Yes  No

Please identify any exceptions and reasons for not contacting: \_\_\_\_\_

\_\_\_\_\_

2. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?

Yes  No If "Yes", identify name(s) and relevant dates, \_\_\_\_\_

\_\_\_\_\_

**MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces?  Yes  No

Describe any special job-related training received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Describe any other special job-related skills, employment positions or qualifications that would support your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL REFERENCES (List three (3) DO NOT INCLUDE relatives)			
Name	Address	Phone Number	How Long Known

**GENERAL INFORMATION**

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the state?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Do you have any physical or mental handicaps which may limit your ability to perform the job applied for?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No      If "Yes", please explain what can be done to accommodate your limitation? \_\_\_\_\_

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4. Have you even been convicted of a felony?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.)

If "Yes", please explain: \_\_\_\_\_

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5. Please write a brief statement explaining why you are interested in a position with the Dover City School District. \_\_\_\_\_

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