

NEW RICHMOND EXEMPTED VILLAGE SCHOOL DISTRICT
212 MARKET STREET, ROOM 300
NEW RICHMOND, OHIO 45157
513/553-2616

APPLICATION FOR FACULTY APPOINTMENT

To The Applicant:

This application will be placed on file for consideration when vacancies arise. It should be complete and accurate in every detail. A copy of your current teaching certificate, official transcripts, SRI Perceiver (applicant supplement), and NTE and/or PPST scores must accompany this application. Applications are kept in our active file for a period of one year.

NAME _____
Last First Middle Maiden

PRESENT ADDRESS _____ PHONE _____

(If temporary, indicate date you will leave)

PERMANENT ADDRESS _____ PHONE _____

SOCIAL SECURITY NUMBER _____

POSITION DESIRED:

- Administrative
- High School (9-12)
- Middle School (7-8)
- Elementary (1-6)
- Kindergarten
- Special (Specify)

SUBJECT/GRADE DESIRED:

List subject/grade in order of teaching preference. Secondary applicants should list only subjects for which they are certified.

“AN EQUAL OPPORTUNITY EMPLOYER”

The New Richmond Exempted Village School District does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

EDUCATIONAL / PROFESSIONAL DATA

NTE SCORES:

Communication Skills _____
Professional Knowledge _____
Other (Specify) _____

PPST SCORES (if applicable):

Reading _____
Mathematics _____
Writing _____

UNDERGRADUATE GPA: Overall _____ Major Field _____
Major Concentration Area _____ Minor Concentration Area _____

GRADUATE GPA: Overall _____ Major Field _____
Major Concentration Area _____ Minor Concentration Area _____

COLLEGE / UNIVERSITY CO-CURRICULAR ACTIVITIES:

COLLEGE / UNIVERSITY EXTRA-CURRICULAR ACTIVITIES:

COLLEGE / UNIVERSITY HONORS RECEIVED / ARTICLES PUBLISHED:

OHIO CERTIFICATION DATA

Certificate Type: _____ Certificate Number: _____
 Provisional _____
 Professional _____
 Permanent _____
 Other (Specify) _____
Subject Areas (List): _____
Date Issued: _____
Expiration Date: _____

EDUCATIONAL / PROFESSIONAL TRAINING

Undergraduate School:	Dates Attended		Degree	Semester Hrs * _____
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Graduate School:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Quarter hours are reduced by 1/3 to equal semester hours.

TEACHING EXPERIENCE (INCLUDE STUDENT TEACHING)

School Name/Address/Phone No.	Dates		No. of Years	Grades/Subject
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RELATED EXPERIENCE (WORKING WITH CHILDREN OUTSIDE OF SCHOOL)

OTHER WORK EXPERIENCE (INCLUDE MILITARY SERVICE IF APPLICABLE)

SPECIAL INTERESTS/HOBBIES/TALENTS (LIST ANY CO-CURRICULAR OR EXTRA CURRICULAR ACTIVITIES YOU ARE INTERESTED IN AND QUALIFIED TO COACH, SPONSOR, OR ADVISE)

REFERENCES

Name _____	Title _____	Phone (H) _____
Address _____		Phone (W) _____
Name _____	Title _____	Phone (H) _____
Address _____		Phone (W) _____
Name _____	Title _____	Phone (H) _____
Address _____		Phone (W) _____
Name _____	Title _____	Phone (H) _____
Address _____		Phone (W) _____

To the applicant: Please use this space for any additional information you feel would be valuable in the consideration of this application.

I hereby authorize the New Richmond Exempted Village School District Board of Education to check any or all references including a release of information by any former employer and its employees and agents, including, but not limited to, attendance, quality and quantity of work performance, technical ability and interpersonal skills. I release any former or current employer contacted by the school district from any and all liability, actions, causes of action and damages in the event that I am not employed by the school district for any reason. In addition, I consent to a criminal records check through the Ohio Bureau of Criminal Identification and Investigations in accordance with O.R.C. 3319.39, which includes fingerprinting as part of the process. In the event that the BCI report is not received prior to my effective date of employment, if I am the successful candidate, my employment is considered conditional upon the BCI report to the New Richmond Exempted Village School District Board of Education being satisfactory. I understand that any conviction record for any felony, offense of violence, theft offense, and any drug abuse offense above the level of a minor misdemeanor, or any offense involving abuse of children, would disqualify me for employment in the New Richmond Exempted Village School District, or constitute grounds for termination if I am employed by the New Richmond Exempted Village School District.

I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge, and I am aware that any false statements will be sufficient cause for rejection or dismissal.

Applicant Signature

Date

For Office Use Only

Date Sent: _____ SRI Perceiver Score: _____

Date Received: _____ Writing Sample: _____

Interviewed By: _____ BCI Report: _____

Comments: _____