

# NAPOLEON AREA SCHOOLS

Administration Offices  
701 Briarheath Drive, Suite 108  
Napoleon, Ohio 43545  
(419) 599-7015

\_\_\_ Full Time  
\_\_\_ Part Time  
\_\_\_ Substitute

OFFICE USE ONLY	
COMPLETE	_____
INTERVIEW	_____
BY	_____
STATUS	_____

APPLICATION OF \_\_\_\_\_ (NAME) DATE \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_

FOR A POSITION AS \_\_\_\_\_  
IF QUALIFIED IN SEVERAL GRADES OR SUBJECT AREAS, INDICATE PREFERENCES:

(2nd) \_\_\_\_\_ (3rd) \_\_\_\_\_

PERMANENT ADDRESS  
STREET

CITY STATE ZIP




AREA HOME PHONE AREA BUS. PHONE



TEMPORARY ADDRESS  
STREET

CITY STATE ZIP




AREA HOME PHONE AREA BUS. PHONE



**EQUAL OPPORTUNITY EMPLOYER**  
NO PERSON SHALL ON THE BASIS OF SEX, RACE, COLOR OR NATIONAL ORIGIN BE EXCLUDED FROM PARTICIPATION IN, DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION, OR SELECTION. INFORMATION REQUESTED IS USED ONLY TO DETERMINE THE APPLICANT'S ABILITY TO MEET JOB CRITERIA AND PERFORM SATISFACTORILY.

CURRENT EMPLOYMENT STATUS \_\_\_\_\_  
WHEN CAN YOU BEGIN? \_\_\_\_\_  
IS THIS YOUR FIRST APPLICATION WITH THIS DISTRICT?  
\_\_\_ NO \_\_\_ YES IF NO, DATE \_\_\_\_\_  
WERE YOU PREVIOUSLY EMPLOYED BY THIS DISTRICT?  
\_\_\_ NO \_\_\_ YES DATES: From \_\_\_\_\_ To \_\_\_\_\_

TEACHING EXPERIENCE: LIST MOST RECENT POSITION FIRST. USE SEPARATE SHEET IF NEEDED.  
(ENTER STUDENT TEACHING EXPERIENCE IN FIRST SPACE IF YOU HAVE NEVER TAUGHT.) TOTAL YEARS EXPERIENCE \_\_\_\_\_

Dates from Mo. Yr.	No. of Months or Yrs.	School Name & Address Phone	Duties: subject/grade taught, extra-curricular
to	Yrs. Mos.		

Name of Principal \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates from Mo. Yr.	No. of Months or Yrs.	School Name & Address Phone	Duties: subject/grade taught, extra-curricular
to	Yrs. Mos.		

Name of Principal \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates from Mo. Yr.	No. of Months or Yrs.	School Name & Address Phone	Duties: subject/grade taught, extra-curricular
to	Yrs. Mos.		

Name of Principal \_\_\_\_\_ Reason for Leaving \_\_\_\_\_



**GENERAL INFORMATION:**

CHECK ANY OF THE FOLLOWING ACTIVITIES WHICH YOU ARE QUALIFIED TO COACH OR DIRECT USE A DOUBLE CHECK TO SHOW ACTUAL COACHING OR DIRECTING EXPERIENCE.

- |   |  |                                   |                                     |
|---|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> YEARBOOK           | <input type="checkbox"/> BASEBALL                            | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> SWIMMING   |
| <input type="checkbox"/> NEWSPAPER          | <input type="checkbox"/> BASKETBALL                          | <input type="checkbox"/> GOLF     | <input type="checkbox"/> TENNIS     |
| <input type="checkbox"/> CLASS/CLUB ADVISOR | <input type="checkbox"/> CHEERLEADER                         | <input type="checkbox"/> SOCCER   | <input type="checkbox"/> TRACK      |
| <input type="checkbox"/> DEBATE             | <input type="checkbox"/> CROSS COUNTRY                       | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> VOLLEYBALL |
| <input type="checkbox"/> DRAMATICS          | <input type="checkbox"/> INSTRUMENTAL/VOCAL MUSIC ACTIVITIES |                                   | <input type="checkbox"/> WRESTLING  |
| <input type="checkbox"/> SPEECH             | OTHER _____  |                                   |                                     |

GIVE ADDITIONAL INFORMATION IF YOU DESIRE:

\_\_\_\_\_

\_\_\_\_\_

DO YOU HOLD A CURRENT CERTIFICATE OR LICENSE?  YES  NO ISSUED BY \_\_\_\_\_ (STATE)

YEAR OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

IF ANSWER ABOVE IS NO OR NOT OHIO, WHEN DO YOU EXPECT TO RECEIVE AN OHIO LICENSE? \_\_\_\_\_

(PLEASE CHECK)

CLASS

- SUBSTITUTE \_\_\_\_\_
- STANDARD \_\_\_\_\_

CERTIFICATE

- 4 YR. PROVISIONAL \_\_\_\_\_
- 8 YR. PROFESSIONAL \_\_\_\_\_
- PERMANENT \_\_\_\_\_

LICENSE

- 2 YR. PROVISIONAL \_\_\_\_\_
- 5 YR. PROFESSIONAL \_\_\_\_\_

TYPE (PLEASE CHECK)

- PRESCHOOL - KINDERGARTEN
- EARLY CHILDHOOD - K-3
- KINDERGARTEN - ELEMENTARY K-8
- ELEMENTARY - 1-8
- MIDDLE CHILDHOOD - 4-9
- SECONDARY - 7-12
- SPECIAL

IF MIDDLE CHILDHOOD, SECONDARY OR SPECIAL, PLEASE LIST SUBJECTS OR FIELDS SHOWN ON CERTIFICATE/LICENSE

\_\_\_\_\_

\_\_\_\_\_

ARE YOU UNDER CONTRACT FOR NEXT SCHOOL YEAR?  YES  NO

IF YES, WHEN DOES YOUR PRESENT CONTRACT EXPIRE? \_\_\_\_\_

BRIEFLY DESCRIBE PROFESSIONAL RECOGNITION, MEMBERSHIPS AND GROWTH ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IN THE SPACE BELOW, PLEASE INCLUDE ANY OTHER PERTINENT DATA OR INFORMATION NOT PREVIOUSLY ASKED FOR ON THE APPLICATION WHICH MIGHT ASSIST US IN ARRIVING AT A MORE REALISTIC APPRAISAL OF YOUR TRAINING, EXPERIENCE, AND OVERALL COMPETENCE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES:

GIVE COMPLETE INFORMATION

(DO NOT REPEAT NAMES GIVEN ON FRONT OF APPLICATION)

PROFESSIONAL REFERENCE

SUPERINTENDENT  
OR  
COLLEGE DEAN OR OFFICER

THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS.  
FROM \_\_\_\_\_ TO \_\_\_\_\_

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROFESSIONAL REFERENCE

DEPARTMENT CHAIRMAN  
OR  
COOPERATING TEACHER  
OR  
OTHER ADMINISTRATOR

THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS.  
FROM \_\_\_\_\_ TO \_\_\_\_\_

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROFESSIONAL REFERENCE

REGULAR SUPERVISOR  
OR  
STUDENT TEACHING SUPERVISOR  
OR  
OTHER ADMINISTRATOR

THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS.  
FROM \_\_\_\_\_ TO \_\_\_\_\_

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL REFERENCE

YOUR CHOICE

THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS.  
FROM \_\_\_\_\_ TO \_\_\_\_\_

HIS OCCUPATION \_\_\_\_\_

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. It is understood that this application becomes the property of the Napoleon Area Board of Education. References and personal information which become part of this record are to be regarded as confidential and shall not be revealed to me.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_