

NAME _____

LAST

FIRST

MIDDLE

Position Desired: Administrative Certified Classified

DATE OF APPLICATION: _____

GENOA AREA LOCAL SCHOOLS

REMIT APPLICATION TO:

**2810 N. GENOA-CLAY CENTER ROAD
GENOA, OH 43430
419-855-7741**

Note: The applicant should exercise care in completing this application. Information given herein becomes a legal part of the contract in the case of selection. Please fill in all areas applicable to your employment. The undersigned hereby acknowledges the information within this application to be truthful.

Signature: _____

Genoa Area Local School District is an Equal Opportunity Employer.

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin, or citizenship status, creed or ancestry, age, gender, marital status, non-disqualifying disability, height, or other protected categories.

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Address: _____
(Street) (City)

(County) (State) (Zip)

Permanent Address (if different): _____

Present Telephone: _____ Permanent Telephone: _____

Specific Position for which you are applying: _____

Areas of special or additional preparation – e.g. coaching (indicate sport, journalism, dramatics, language arts etc.)

1. _____ 2. _____ 3. _____

EDUCATIONAL HISTORY

Name of School & Location	Dates of Attendance		Date of Graduation	Degree Received	Semester Hours Earned
	From Month/Year	To Month/Year			

CERTIFICATION/LICENSURE

Names of Ohio Teaching Certificates/Licenses	Dates		Certification/License Number	Subjects or Grades Appearing on Certificate/License
	Issued Month/Year	Expires Month/Year		

Have you ever had a teaching certificate or license suspended or revoked? YES NO

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EDUCATIONAL EMPLOYMENT

Name of School Address & Telephone #	Dates of Employment		Grade Level	Subject	Full time	Part Time	Sub.
	From Month/Year	To Month/Year					

NON-EDUCATIONAL EMPLOYMENT (including military)

Name of Employer Address & Telephone #	Dates of Employment		Job Title	Brief Description of Responsibilities
	From Month/Year	To Month/Year		

REFERENCES

Name	Title	Job Title	Brief Description of Responsibilities

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PERSONAL DATA

1. List Professional Activities: _____

2. Have you ever been convicted of a felony: ___ YES ___ NO

If yes, please explain. _____

3. Are you currently under contract? ___ YES ___ NO

4. Have you ever been issued tenure as a teacher? ___ YES ___ NO

5. Why do you wish to make a change? _____

6. What is your present salary? _____ What is your expected salary? _____

7. When would you be available to commence work? _____

8. Why do you want to work for the Genoa Area School System? _____

9. Please add any information or facts that will supplement your qualifications. _____

10. Write a brief statement on your concept of discipline. _____

PERSONAL STATEMENT

In your own handwriting on the back of this application, please indicate why you should be considered as a candidate for this position (i.e. your strengths, your perception of work with young people, your background etc.).