

Newbury Local School District
14775 Auburn Road
Newbury, Ohio 44065

Application for Certified Position

Date of Application: _____

Personal Data:

Name (last, first, middle): _____

Soc. Sec #: _____

Present Address: _____

Phone: _____

Permanent Address: _____

Phone: _____

Are you a US Citizen? Yes ___ No ___ If not, do you intend to become a citizen? Yes ___ No ___

Do you have the ability to perform all of the essential functions of this position with or without reasonable accommodations? Yes ___ No ___

Position(s) applying for: _____

Referred by: _____

Names of friends or relatives employed by this district: _____

Are you presently under contract to another district? Yes ___ No ___ If yes, when does contract expire? _____

Certification:

Area(s)	Type of Certificate	Expiration Date
1) _____		
2) _____		
3) _____		
4) _____		

Academic and Professional Training:

High School(s), College(s), Universities attended (include location). List highest degree first.

School & Location	Degree	Year	Major	Minor
1) _____				
2) _____				
3) _____				
4) _____				

Experience in Education:

Please furnish all required information on this form – do not refer to other sources. List all educational experience (teaching, sub-teaching, student teaching) in reverse chronological order.

School & Location	Position	Date(s)
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Other work experience and achievements valuable to your career:

Extracurricular activities you would be willing to supervise if employed:

Recognition: (Honors, Awards, etc.)

Professional Organizations and Activities:

Summarize your Experience/Strengths in Education:

Professional References:

Please list below the names and addresses of three (3) persons who can speak of your professional competency and character:

Name _____ Type of Acquaintance _____
Address _____ Phone _____

Name _____ Type of Acquaintance _____
Address _____ Phone _____

Name _____ Type of Acquaintance _____
Address _____ Phone _____

Do we have permission to contact the above-named persons? Yes _____ No _____

Personal References

Please list below the names of three (3) persons not related to you whom you have known at least one year.

Name _____ Type of Acquaintance _____
Address _____ Phone _____

Name _____ Type of Acquaintance _____
Address _____ Phone _____

Name _____ Type of Acquaintance _____
Address _____ Phone _____

Do we have permission to contact the above-named persons? Yes _____ No _____

I hereby certify that answers on this application are true and correct to the best of my knowledge and belief, and that any deliberate misrepresentation of fact contained herein may be grounds for invalidating my contract commitments resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by the Newbury Local Board of Education.

Signature Date

Unless reactivated by written request, this application will be destroyed two (2) years from the date of filing.

The Newbury Board of Education does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment, or the provision of services.