



Application for Certificated Employment

Groveport Madison Local School District
Certified Personnel Department
5940 Clyde Moore Drive, Suite C
Groveport, Ohio 43125
Phone: 614-492-2520 Fax: 614-492-2532
Website: www.gocruisers.org

Date: _____

Please Print Clearly

Personal Information

1. Name _____
Last First Middle Maiden

2. Present Address _____
Street City State Zip Code

3. Home Phone () _____ E-mail _____

4. Permanent Address _____
Street City State Zip Code
Phone () _____

5. Cell Phone _____

6. Eligible for employment with the United States? Yes ___ No ___

7. Military Service: Yes ___ No ___ If yes, Branch of Service _____

No. of Years _____ Rank _____ Special Training _____

8. Have you taken both parts of Praxis II Assessment? Yes ___ No ___ N/A ___
If yes, did you pass the Teaching and Learning Section Yes ___ No ___
Did you pass your content section? Yes ___ No ___
Please provide a copy of these scores.

9. Position(s) for which application is being made (be specific): Examples: K-3, K-8, Middle School Language Arts, High School Mathematics. Applicant must be licensed/certified in each area of choice.

First Choice _____

Second Choice _____

Third Choice _____

10. Copies of transcripts of undergraduate and/or graduate courses completed must be received before the applicant can be considered for employment. Upon employment an official transcript and license must be provided to the Personnel Office prior to the issuance of the first pay.

FOR OFFICE USE ONLY

Interview Date _____

App. Number _____

V. Number _____

Interviewer _____
(Initials)

Licensure/Certification

Ohio law requires that all teachers, principals, and other professional school personnel hold an Ohio license/certificate. It is your responsibility to obtain and maintain your license/certificate in a current status. Praxis II requirements must be met for certification.

License/Certificate Type
Example: 2-year License

Date of Expiration
2004

Licensed Areas
K-3

If not currently licensed: Have you applied for licensure in Ohio? Yes ___ No ___

Areas to be licensed _____

Other states in which you hold a valid teaching certificate and areas of certification: _____

Please include a copy of all license/certificates held.

Educational Background

Level of College Education	Name of School or University	State	Degree	Major/Minor	GPA
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Teaching Experience

(Minimum 120 days for a year of experience)

School District	Address	Phone No.	No. of Years Employed	Grades/Subjects Taught	Supervisor
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever held a continuing contract in another Ohio school system? ___

If yes, when and where _____

Student Teaching: If student teaching has been completed within the last three years, please supply the following information:

School _____ Address _____

Grade/Subject _____

Cooperating Teacher _____ Home Phone _____ School Phone _____

College Supervisor _____ Home Phone _____ Office Phone _____

Work Experience Other Than Teaching

(List Chronologically)

Employer	Address	Type of Work	No. of Years Employed	Supervisor's Name and Phone Number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References

Please provide three references.

These should be persons qualified and willing to give an honest appraisal of your fitness as a teacher or as a prospective teacher. Include superintendent and/or principal under whom you last taught.

Print Full Name	Complete Address (Street, City and State)	Phone Number	Position

- Additional Information -

Please check appropriate answer:

Yes No

- Have you ever been suspended, dismissed, fired, or discharged from a position of employment?
- Have you ever had a teaching certificate suspended or revoked?
- Have you ever been asked to resign from a position of employment?
- Have you ever been convicted of any violation of the law other than a minor traffic ticket?
- Are there any reasons why you would not be able to perform any of the essential functions of the job for which you are applying, with or without accommodations?

If your answer to any of the above questions is yes, please explain on a separate page and include with this application.

* I authorize the Groveport Madison Local School District (the "District") to investigate any information contained in this application. I authorize any former employer listed on this document to provide the District with any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that a background check and fingerprinting will be completed through the Bureau of Criminal Investigation (BCI) in accordance with Section 3319.39 of the Ohio Revised Code. I hereby release all parties from any and all liability for any damage that may result to me from the release of such information.

* I understand that if I am employed prior to the District's receipt of the BCI report and/or verification of my work experience and education, my continued employment will be conditioned upon: 1) satisfactory work and educational experience as verified by contacts with former employers and/or universities; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal conviction(s) listed in this application.

* I further understand that this application and other District documents are not intended to be contracts of employment, nor does this application obligate the District in any way to employ me.

* The facts set forth in this application for employment are true and complete. I understand that any false statement or omission on this application may result in my disqualification or dismissal from employment.

By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature of Applicant _____ Date _____

This application shall remain active for 90 days after which I must reapply.

THE GROVEPORT MADISON LOCAL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

QUESTIONS:**Please answer the following questions**

1. What are your three most important reasons for wanting to be a teacher? Rank in order of your priority.

1. _____
2. _____
3. _____

2. How much do you want to know about your students in order to be most helpful to them?

3. What three things do you most want to know about your students?

1. _____
2. _____
3. _____

4. What do you need to know in order to begin your lesson planning for a class?

5. What four key components do you believe you must include in your lesson plan?

1. _____
2. _____
3. _____
4. _____

6. When you think about your students, in what major ways do you most want to influence their lives?

7. What two core teaching strategies do you most use to achieve this result?
