



# Triad Local Schools Board of Education

7920 Brush Lake Road, North Lewisburg, Ohio, 43060

[www.triad.k12.oh.us](http://www.triad.k12.oh.us)

Phone: 937- 826-4961

Fax: 937-826-3281

Revised 2017.03.02

An Equal Opportunity Employer

## CERTIFIED APPLICATION

### PLEASE TYPE OR PRINT IN INK.

Date (mm/dd/yyyy): \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street/Road Apt. No. City State Zip Code

I am interested in the following position(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would be willing to work:

- Full Time
- Part Time
- Substitute

Date available to start: \_\_\_\_\_

**CERTIFICATION:** Check type(s) of Ohio certification or licensure you hold or will hold by July 31 of this year.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 4 Year – exp. _____ | <input type="checkbox"/> Substitute             | <input type="checkbox"/> Principal: Grades _____ |
| <input type="checkbox"/> 5 Year – exp. _____ | <input type="checkbox"/> School Counselor       | <input type="checkbox"/> Assist Superintendent   |
| <input type="checkbox"/> 8 Year – exp. _____ | <input type="checkbox"/> Special _____          | <input type="checkbox"/> Superintendent          |
| <input type="checkbox"/> Temporary - _____   | <input type="checkbox"/> Educational Specialist | <input type="checkbox"/> Teacher Grades: _____   |
| <input type="checkbox"/> Permanent           | <input type="checkbox"/> Supervisor             | <input type="checkbox"/> Other (specify): _____  |

Are you certified in another state? \_\_\_\_\_ If yes, name of state \_\_\_\_\_

Have you held a continuing contract? \_\_\_\_\_ Have you ever been denied a continuing contract? \_\_\_\_\_

Certified to teach/supervise: \_\_\_\_\_

School activities or sports you could direct: \_\_\_\_\_

### EDUCATIONAL AND PROFESSIONAL TRAINING: HIGHER EDUCATION

Name of College or University	Location City and State	Academic and/or Teaching Major	Semester Hours Earned	Degree Earned

**TEACHING EXPERIENCE**

List last position first. Please indicate student teaching experience with an asterisk (\*).

Name of School	Location County and State	Position or Subject Taught	Beginning Date	Ending Date	Principal, Supervisor, or Chief School Officer

Total number of years of public school experience: \_\_\_\_\_ Non-Public years of experience: \_\_\_\_\_

**REFERENCES**

Academic and professional references (if you have teaching experience, include the name or principals, supervisors or superintendents under whom you have worked).

Name	Address Street/P.O. Box City, State, Zip	Position	Telephone Number

**MILITARY SERVICE** List last position first.

Branch of Service	Dates of Service		Nature of Military Service
	Beginning	Ending	

Total months of military service \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS:**

**How do you want students to view you in your professional position?**

**Describe your philosophy as it concerns your position as an educator.**

**What would be most rewarding to you as an educator?**

**APPLICATION PROCEDURES:**

Triad Local School Board of Education sincerely appreciates the time and interest you have taken in applying to the district. We hope to reciprocate by giving your application prompt attention. Upon receipt of your application, it will be processed and placed in our active file. When an opening occurs for which you are qualified, your application will be given to the principal or supervisor for consideration.

Applications are kept on an active status for a period of two (2) years from date of receipt. Please contact the board office (937) 826-4961 if you wish to re-activate an expiring application.

**APPLICANT VALIDATION:**

I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief, and that any deliberate misrepresentation of facts contained herein may be grounds for invalidating any 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 Triad Local Schools Board of Education.

**NOTICE:**

**ALL “POSSIBLE” (VERBALLY APPROVED) TRIAD EMPLOYEES MUST SUBMIT TO B.C.I. AND F.B.I. BACKGROUND CHECKS. NO BOARD ACTION WILL BE TAKEN TO HIRE ANY INDIVIDUAL UNTIL THE RESULTS HAVE BEEN RECEIVED BY THE DISTRICT.**

I understand that “possible” employment is contingent upon my B.C.I and F.B.I. background reports received by the district through National Web Check. I also understand that the “possible” employment by Triad Board of Education SHALL BE VOID without further act by either party and that my possibility of employment will terminate immediately if either background report identifies a conviction

Signature: \_\_\_\_\_ Date \_\_\_\_\_