



MINERVA LOCAL SCHOOL DISTRICT

406 East Street Minerva, OH 44657
330-868-4332

PROFESSIONAL TEACHING APPLICATION

NAME _____ DATE _____

Last First Middle Former Name*

*Please complete if your credentials, transcripts or certificates/licenses are in a maiden or former name.

Social Security Number _____

Home or Permanent Address _____
Street Address City State Zip Area Code Telephone

Present or Temporary Address _____
Street Address City State Zip Area Code Telephone

OHIO CERTIFICATION/LICENSURE

List the types of Ohio certificates/licenses you hold, the grades covered, the dates of expiration and the subjects listed on High School or Special certificates/licenses.

TYPE	GRADES	EXPIRATION	SUBJECTS

POSITION DESIRED

Regular _____ Substitute** _____ Date Available _____

**Copies of teaching certificate and transcripts are required for substituting.

Instructions: Complete Elementary, Middle Grades, High School or Other sections as appropriate. Show training areas by listing semester hours (multiply quarter hours by 2/3 to convert).

ELEMENTARY	GRADE PREFERENCE	TRAINING AREA	SEMESTER HRS.
List grade preferences in order 1 to 3.	_____ Pre K - K	Reading _____	_____
	_____ Grades 1-3	Other _____	_____
	_____ Grades 4-5	Other _____	_____

MIDDLE GRADES (6-8)	SUBJECT PREFERENCE	SEMESTER HRS.
List subjects you are certified/licensed to teach in order of preference	1st _____	_____
	2nd _____	_____

HIGH SCHOOL	SUBJECT PREFERENCE	SEMESTER HRS.
List subjects you are certified/licensed to teach in order of preference.	1st _____	_____
	2nd _____	_____

OTHER POSITION	SPECIAL TRAINING AREA	SEMESTER HRS.
_____	_____	_____

PROFESSIONAL PREPARATION

SCHOOLS ATTENDED	LOCATION	DATES	MAJOR	MINOR	GPA	DEGREE
High School	Name _____ City _____ State _____	_____ to _____	XXX	XXX	XXX	XXXX
Undergraduate	Name _____ City _____ State _____	_____ to _____				
Undergraduate	Name _____ City _____ State _____	_____ to _____				
Graduate Study	Name _____ City _____ State _____	_____ to _____				
Graduate Study	Name _____ City _____ State _____	_____ to _____				

TEACHING EXPERIENCE (Begin with most recent)

List all teaching experience below. Do NOT include non-teaching experience or student teaching.

	LOCATION	DATES	GRADES OR SUBJECTS	PART OR FULL TIME
1. School System	_____ City _____	_____ Mo./Yr. _____ to _____ Mo./Yr. _____ State _____ Zip Code _____		_____
2. School System	_____ City _____	_____ Mo./Yr. _____ to _____ Mo./Yr. _____ State _____ Zip Code _____		_____
3. School System	_____ City _____	_____ Mo./Yr. _____ to _____ Mo./Yr. _____ State _____ Zip Code _____		_____
4. School System	_____ City _____	_____ Mo./Yr. _____ to _____ Mo./Yr. _____ State _____ Zip Code _____		_____

Total teaching experience in years _____

STUDENT TEACHING

School District _____ Year _____ Number of Months _____
 Grade or Subject _____ Supervising Teacher _____

TEACHER CONTRACTS

1. Have you ever held a continuing contract (tenure) in Ohio? Yes _____ No _____
 If yes, name of school district: _____ Beginning Date _____

2. Are you presently under contract to a school district for next year? Yes _____ No _____

SPECIAL QUALIFICATIONS

Co-Curricular/Coaching/Intramurals (List interest, qualifications and experience) _____

OTHER EXPERIENCE

Experience with children (other than teaching) _____

Military Service: Dates _____ to _____ Total Months _____

Other Work Experience, if any: _____

REFERENCES

Please include superintendents and/or principals from your last two positions. If inexperienced, include names of professors in your major or minor fields.

1. _____

Name	Title	Institution			
Street Address	City	State	Zip	Telephone	

2. _____

Name	Title	Institution			
Street Address	City	State	Zip	Telephone	

3. _____

Name	Title	Institution			
Street Address	City	State	Zip	Telephone	

COLLEGE PLACEMENT SERVICE (optional)

Name	Title	Institution			
Street Address	City	State	Zip	Telephone	

PRESENT EMPLOYER

Name	Title				
Street Address	City	State	Zip	Telephone	

May we contact your present employer for a reference? Yes _____ No _____

Name
Last
First
Middle
Former Name
Date

PERSONAL STATEMENT

1. What unique contributions do you feel you could make to the Minerva Local School District?

2. What are your academic and professional goals for the future?

3. What do you feel are the most critical challenges facing public school education today?

4. Describe your strategies for discipline in the classroom.

I have truthfully and fully answered all the questions contained in the application forms for employment in this district. I understand and agree that falsification or failure to fully answer any question contained herein is grounds for termination under 3319.16 of the Ohio Revised Code.

If the board terminates my contract, I knowingly waive any rights I may have under 3319.16 ORC to challenge such termination.

Signature

Date