

LINCOLNVIEW LOCAL SCHOOLS
TEACHER APPLICATION

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____ TELEPHONE NO. _____

APPLICATION FOR WHAT POSITION: _____

EDUCATION:

Date of
Graduation

Degree

High School _____

College/University _____

Post Graduate _____

Majors & Semester Hours

Minors & Semester Hours

TEACHING EXPERIENCE: (List most recent first)

Name of School

Years

Grade or Subject Taught

CERTIFICATES HELD:

Subject or grade you prefer to teach _____

Are you interested in helping with extra-curricular activities? _____

List activities you prefer: _____

Are you under contract for next year? _____

REFERENCES:

Name

Position

Address

Telephone

I acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment. I recognize that I will be charged for the cost of the records check, and that, unless I pay the fee, I will not be considered for employment.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize that, should the employer discover that I have falsified any such information, I will not be hired or, if already hired, will be subject to termination from employment on that ground.

Date: _____ Signature: _____

Please return to:

Superintendent
Lincolnview Local Schools
15945 Middle Point Road
Van Wert, Ohio 45891

AN EQUAL OPPORTUNITY EMPLOYER

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