

**SOUTHERN LOCAL SCHOOL DISTRICT  
CERTIFIED APPLICATION**

NAME (Last, First, Middle) \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE/CELL PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**EMPLOYMENT DESIRED:** In order for this application to be considered, you **MUST**, submit a resume with 3 references, a copy of your License/Certificate, university official transcripts, and the Release for References form with this application.

Please check the appropriate box.

Full Year

Part-Time

Substitute

List in order of preference, the subject or grades you are qualified to teach:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EDUCATIONAL DATA:**

EDUCATION	INSTITUTION/ADDRESS	DEGREE	MAJOR/MINOR	SEMESTER HRS	DATE RECEIVED
Undergraduate					
Masters					
Post Masters					

Total Semester Hours: \_\_\_\_\_

**EMPLOYMENT DATA:** (begin with your current employer. Please include both school and non-school experience.)

DATES FROM & TO	EMPLOYER NAME & ADDRESS	DUTIES	REASON FOR LEAVING	SUPT/PRINCIPAL SUPERVISOR	HIGHEST SALARY

May we contact your present employer? \_\_\_\_\_

**PERSONAL REFERENCES:** (persons who are qualified to provide information concerning your qualifications.)

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NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

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NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

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NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

**CERTIFICATION HELD:**

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TYPE STATE DATE EXPIRES

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TYPE STATE DATE EXPIRES

Have you held a Continuous Contract before? \_\_\_\_\_ If yes, please attach a copy.

Total number of STRS Ohio service credit? \_\_\_\_\_ If any, please attach current STRS Statement.

Can you perform this job without special accommodations? \_\_\_\_\_ If no, please explain. \_\_\_\_\_

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## **CREDENTIALS**

In order for this application to be considered, you must, submit a resume with 3 references a copy of your license/certificate, and university official transcripts with this application to the Southern Local Superintendent before Board action. Please complete the Release for References, and return it with your application.

## **QUESTIONS**

The following questions are designed to help the interviewers know you as a person and as a professional. Your concise and candid responses are very important.

1. Why do (did) you want to become a teacher?

2. What do (would) you consider to be your major strengths as a teacher?

3. How do (would) you establish a rapport with others?

**Final applicants will receive a Criminal Records check for employment.**

Your application will remain on file for one year.

The Southern Local School District is an equal opportunity employer and is in compliance with Section 504 of the Rehabilitation Act of 1973.

**Incomplete applications will not be considered.**

**Return completed application to:**

Southern Local School District  
ATTN: Thomas Cunningham, Superintendent  
38095 State Route 39  
Salineville, OH 43945-9726

As an applicant for a position with the Southern Local School District, I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize the District, person, school current or past employer, governmental body (including law enforcement agencies and licensing agencies) and any other person or entity, to provide Southern Local School District with any and all information and opinions about me, and I release all such persons and entities from any duty they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions. I hereby authorize the District to inquire and verify information contained herein and the District shall not be liable for any damage which may result from such inquiry or verification. I understand that any misleading or untruthful statement on this application may result in my dismissal. I also understand that convictions on certain criminal offenses may disqualify me from being hired or from continued employment. If accepted for employment, this application will become a permanent part of the Southern Local School District personnel records.

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SIGNATURE

DATE

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Type or Print Name

**RELEASE FOR REFERENCES FORM**

**Authorization to Release Information**

As an applicant for a position with the Southern Local School District, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize any person, school current, or past employer, governmental body (including law enforcement agencies and licensing agencies), and any other person or entity, to provide Southern Local School District with any and all information and opinions about me, and I release all such persons and entities from any duties they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address  
  
\_\_\_\_\_