



PERRY LOCAL SCHOOLS

4201 – 13th Street S.W., Massillon, OH 44646-3498

(330) 477-8121 ~ FAX (330) 478-6184 ~ www.perrylocal.org

Your Application is not complete until you send us a copy of your teaching certificate, transcripts, and a letter of reference to add to your application.

Certified Employment Application

Personal Data			
First Name	Middle	Last Name	
Date of Application			
Home Phone ()		Other Phone ()	Other Phone ()
Address: Street			
City		State	Zip
Home address: Street (if different than above)			
City		State	Zip
Position Desired			
Grade Level			
Type of employment desired			
Ever applied before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of previous application	
If you have been convicted of a felony, this will prevent you from securing employment at Perry Local School District.			
Are you currently employed in education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what school system and position?			
Present occupation if not in education			
Present salary	Are you under contract now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why do you wish to leave your current position?			
Have you been granted a continuing contract (tenure) in a school district in Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and where were you granted tenure (school district, county, date)			

Education & Training

High School

Location

College/University

Location

Approximate GPA

Major

Degree

Approximate GPA

College/University

Location

College/University

Location

Major

Degree

Major

Degree

Approximate GPA

Approximate GPA

Total Semester Hours

Total Quarter Hours

Student teaching experience

Subject Preparation

Elementary applicants – List subjects and grade levels you prefer to teach by order of preference

Secondary applicants – List subjects you are certified to teach in order of preference

Other schooling training & professional information

Please describe

Skills

Please list skills associated with technology in which you feel competent

Teaching Experience

Name of Employer

Name of Employer

Subjects/Grade Taught

Subjects/Grade Taught

Date: From/To

Date: From/To

Number of years experience granted

Number of years experience granted

Reason for Leaving

Reason for Leaving

Superintendent

Superintendent

Name of Employer

Name of Employer

Subjects/Grade Taught

Subjects/Grade Taught

Date: From/To

Date: From/To

Number of years experience granted

Number of years experience granted

Reason for Leaving

Reason for Leaving

Superintendent

Superintendent

Coaching Interest

Name the sports you feel you are qualified and have a desire to coach

Other Extra-Curricular Activities

Name the extra-curricular activities other than sports that you have a desire to become involved

Other Work Experience

Company

Address

Supervisor

May we contact? Yes No

Job Title

Date: from/to

Reason for leaving

Company

Address

Supervisor

May we contact? Yes No

Job Title

Date: from/to

Reason for leaving

Military Experience

Branch of Service

Type of Discharge

Total years of military

Honors

Teaching Certificates/License

Name under which Certificate/License was granted

State

Type

Certificate/License #

Date Issued

Date Expires

Name under which Certificate/License was granted

State

Type

Certificate/License #

Date Issued

Date Expires

Academic/Professional References

List three professional references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work Phone
()Home Phone
()

Address

City

State

Zip

Position

May we contact? Yes No

2. Reference

Work Phone
()Home Phone
()

Address

City

State

Zip

Position

May we contact? Yes No

3. Reference

Work Phone
()Home Phone
()

Address

City

State

Zip

Position

May we contact? Yes No

References

List three personal references

1. Reference

Work Phone
()

Home Phone
()

Address

City

State

Zip

Relationship

May we contact? Yes No

2. Reference

Work Phone
()

Home Phone
()

Address

City

State

Zip

Relationship

May we contact? Yes No

3. Reference

Work Phone
()

Home Phone
()

Address

City

State

Zip

Relationship

May we contact? Yes No

Emergency Information

Name of person to be notified in case of emergency

Relationship to applicant

Address: Street

City

State/Zip

Home Phone
()

Work Phone
()

Questions

Please answer the following questions and attach your responses to this application.

- 1) Describe your reason for wanting to teach and specifically your reasons for seeking a position in the Perry Local School District?
- 2) What are you most effective teaching strategies? How do you intend to implement them?
- 3) Describe the most rewarding experience you have had working directly with students.
- 4) What do you want to happen as a result of your teaching?
- 5) What do you want to know about your students?
- 6) Describe the relationship you want to establish with your students. How will you accomplish this?
- 7) Describe how you plan for a lesson.
- 8) Upon what basis do you want to be held accountable as a teacher?

It is understood and agreed that the Perry Local School District may contact former employer(s) for verification of my employment history including any testing which may have been done, and compliance with the Bureau of Criminal Identification and Investigation (BCI) for a background check and any other testing which may be required, and I hereby voluntarily consent to such inquires.

I understand that if I am employed prior to the District's receipt or the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations and any other legal requirements regarding applicant/employee criminal records and disclosure of convictions.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated under 3319.16 of the Ohio Revised Code. If the Board of Education terminates my contract, I knowingly waiver any rights I may have under 3319.16 ORC to challenge such termination. 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

Date

Ohio Revised Code (3313.39) requires a criminal records check when the applicant is under final consideration for employment.

STATEMENT OF NONDISCRIMINATION

It is the policy of the Perry District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, martial status, nondisqualifying, height, or other protected categories.

In accordance with Federal law, any person employed by this District must provide evidence that s/he is eligible to work in the United States.

Revised 2/26/16

Please return completed application to:
Office of the Assistant Superintendent
Perry Local School district
4201 - 13th Street S.W.
Massillon, OH 44646