



Logan-Hocking Local School District
Teaching Application
 2019 East Front Street
 Logan, OH 43138

For Office Use Only
 Date Application Received _____
 Date Credentials Received _____
 Date Transcript Received _____
 Interview Date _____
 Interview By _____

PERSONAL DATA

Name _____ Date _____
 First _____ SS # _____
 Middle _____ H Phone _____
 Last _____ C Phone _____
 Email _____
 Address (City, ST Zip) _____
 Alternate Contact Name _____ Phone _____
 Address _____
 Personal Reference Name _____ Phone _____
 Address _____

TEACHING PREFERENCES

Level Preferred Elementary (PK-4) Middle (5-8) High (9-12)
 Position preferred (include subject and/or grade level)
 1st Choice _____
 2nd Choice _____
 3rd Choice _____
 List other subjects you are qualified to teach

 List any activities you are willing to direct (plays, clubs, etc)

 List any sports you are willing to coach

 My assignment preferences is: Regular Substitute Tutor
 I will be available to start on this date: _____

Note: Submit a copy of your Ohio teaching certificate or license with this application

LICENSE

| Type Certificate or License you hold | Date Issued | Date of Expiration | Certificate/License Number | Subjects or Levels on Certificate/License |
|--------------------------------------|-------------|--------------------|----------------------------|---|
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My training is as follows:

| Name of High School | Location | Special Honors/Accomplishments |
|---------------------|----------|--------------------------------|
| | | |

| Name of Institution & Location | Years Complete | Date & Degrees Earned | Major/Minor | Semester Hours Beyond Graduation | |
|--------------------------------|----------------|-----------------------|-------------|----------------------------------|------------|
| | | | | Completed | In Process |
| | | | | | |
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I completed my student teaching experience at:

| Name of School City & State | Grades & Subjects Taught | Supervising Teacher | Dates |
|-----------------------------|--------------------------|---------------------|-------|
| | | | |
| | | | |

Include all contracted positions you have held as a certified/licensed teacher. List chronologically with most recent first.

In Ohio, 120 days or more experience in the same school year equals one year.

| Name of School City & ST | Phone Number | Grades, Subjects Taught, and Related Assignments | Dates | | Total Years |
|--------------------------|--------------|--|-------|----|-------------|
| | | | From | To | |
| | | | | | |
| | | | | | |
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You have my permission to contact any person mention above. _____

Are you presently under contract? _____ If yes, with whom _____

Have you been employed under a continuing contract in Ohio? _____

Have you taken a standardized examination for teachers? _____

Name of the test _____ List scores _____

Have you ever had a teaching contract terminated by your employer? _____

Have you ever held a limited teaching contract that was non-renewed? _____

Have you ever been requested to resign a teaching contract? _____

If yes, explain _____

Have you ever been interviewed for a position in the Logan-Hocking School District? _____

Do not answer yes if it was a college campus interview

Other work experiences, including military service, which I believe have been valuable to my career.

| Employer | City & State | Type of Work | Dates | Supervisor |
|----------|--------------|--------------|-------|------------|
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Other experiences in student activities: i.e. coaching, plays, 4-H, etc.

| Years/Dates | District | Activity | Position |
|-------------|----------|----------|----------|
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Have you ever been convicted of a felony? _____

If so, explain _____

I hereby authorize the Logan-Hocking Local School District to conduct a background check and obtain from former employer(s) all data needed to support this application.

It is the policy of the Logan-Hocking Local School District that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, disabling condition, veteran, or marital status. All district policies, programs, practices, procedures, and decisions shall be reviewed to assure the rights of all students and employees to equal educational and employment opportunities as guaranteed by the Constitution of the United States and by law.

I certify that all information on this application is true and complete to the best of my knowledge and I understand that any withholding or falsification of information on this application is grounds for non-consideration or dismissal if employed.

Applicant's Signature _____ **Date** _____

This section is designed to provide you with the opportunity to share some of your experiences and thoughts about teaching. Please respond to each item in the space provided.

1 . What are your reasons for wanting to teach?

2. Describe your teaching style. How would you usually function in a teaching role on a day-to-day basis?

3. What should be the nature of the relationship between students and teachers?

4. What are the most important things you want to know about your students?

5. How do you design an overall lesson plan? Include key components.