

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 _____	_____ to _____ Mo./Yr. Mo./Yr. _____ State Zip Code	_____	_____
2. School System _____ City _____	_____ to _____ Mo./Yr. Mo./Yr. _____ State Zip Code	_____	_____
3. School System _____ City _____	_____ to _____ Mo./Yr. Mo./Yr. _____ State Zip Code	_____	_____
4. School System _____ City _____	_____ to _____ Mo./Yr. 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 Louisville Public Schools? _____

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