



# Kings Local School District

P.O. Box 910, Kings Mills, OH 45034

## APPLICATION FOR A PROFESSIONAL POSITION

*(If applying for an open position, please send application directly to contact name and address listed on posting)*

DATE:

POSITION DESIRED:

PERSONAL DATA			
NAME Last		First	Middle
PRESENT ADDRESS Street		PERMANENT ADDRESS Street	
City	State	Zip	City State Zip
PRESENT PHONE		PERMANENT PHONE	
ARE YOU A U.S. CITIZEN?		SOCIAL SECURITY NUMBER	

FORMAL EDUCATION			
INSTITUTION NAME & LOCATION	DATE OF DIPLOMA OR DEGREE	DATES IN ATTENDANCE	NO. OF SEMESTER HRS.
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
OTHER SCHOOL			
OTHER SCHOOL			

OHIO CERTIFICATION		
TYPE	FIELDS LISTED	EXPIRATION YEAR
PROVISIONAL		
PROFESSIONAL		
PERMANENT		
CHOICES OF ASSIGNMENT		
1st Preference	2nd Preference	3rd Preference

## TEACHING EXPERIENCE

### FULL TIME SERVICE

NAME OF EMPLOYER	GRADE/SUBJECT TAUGHT
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FROM (MO/YR)	TO (MO/YR)	NO. OF MONTHS IN POSITION	REASON FOR LEAVING
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NAME OF EMPLOYER	GRADE/SUBJECT TAUGHT
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FROM (MO/YR)	TO (MO/YR)	NO. OF MONTHS IN POSITION	REASON FOR LEAVING
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### SUBSTITUTE SERVICE

NAME OF EMPLOYER	GRADE/SUBJECT TAUGHT
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FROM (MO/YR)	TO (MO/YR)	NO. OF MONTHS IN POSITION	REASON FOR LEAVING
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NAME OF EMPLOYER	GRADE/SUBJECT TAUGHT
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FROM (MO/YR)	TO (MO/YR)	NO. OF MONTHS IN POSITION	REASON FOR LEAVING
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## EMPLOYMENT STATUS

WHAT AND WHERE IS YOUR PRESENT EMPLOYMENT?

CURRENT SALARY:

WHEN COULD YOU BEGIN EMPLOYMENT  
IN THE KINGS LOCAL SCHOOL DISTRICT?

PLEASE LIST ANY ACTIVITIES YOU WOULD BE WILLING TO SUPERVISE OR COACH:

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## GENERAL QUESTIONS

HAVE YOU EVER BEEN EMPLOYED UNDER A CONTINUING CONTRACT AS A TEACHER IN THE STATE OF OHIO?  
If yes, identify where and when.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MISDEMEANOR DRIVING VIOLATION?  
If yes, provide specifics including the date of your conviction, the identity of the court which convicted you and the nature of the crime for which you were found guilty.

## FITNESS FOR POSITION

I have reviewed the job description for the position for which I am applying and certify that I am not aware of any physical or mental disability which I have that would prevent me from performing the essential functions of the job for which I am applying except for \_\_\_\_\_  
\_\_\_\_\_ (Explain condition or write None)

## RESUME AND REFERENCES

Please attach a resume and list of names and addresses of at least (3) references. Please be accurate in supplying this information.

## APPLICANT CERTIFICATE AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or subsequent dismissal if I am hired. I hereby authorize the district to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include, but not be limited to, such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information and without limitation hereby release the Kings Board of Education and the reference source from any liability in connection with the release or use of the information requested and provided.

Signature of Applicant