

Bridgeport Exempted Village School District Board of Education 55781 National Road Bridgeport, OH 43912

Teaching/Administrator Application for Professional Employment

			Date of Application		
NAME:					
(Last)	(First)		(Middle)		
PRESENT ADDRESS:					
	(Street)	(City, State)	(Zip Code)		
PERMANENT ADDRESS	S:				
	(Street) (City, State)	(Zip Code)		
Number of years at th	e present	address:			
Email Address:					
Telephone Number: (Check which preferred)			Home:		
			Cell:		
Date available for emp	oloyment:				
Position(s) Applying for: Administrator (Check Preferences)		Teacher			
Have you ever been employed by the school district?					
Yes	No If "Yes", when?				
Are you currently emp	oloyed?				
Yes	No	If "Yes", where?			

Teaching and/or Administrator License Information

Grade Levels or Subject areas listed on your Ohio License(s)			
Issue Date:	Date of Expiration:	License Number:	
Do you have a K-12 Rea	ading Endorsement?Ye	s No	
Are you interested in b	eing involved in any of the followin	ng student activities?	
Athletics; please	specify:		
Clubs/Activities;	please specify:		

EDUCATION DATA					
	School Name	Degree	College Major	Average	No. of Semester
	City and State	Received	and Minor	Grade/GPA	Hours
High					
School					
Graduated					
From					
College					
Bachelors					
College					
Masters					
Additional					
College					

In the following spaces below, please give a complete record of your teaching experience, including periods of unemployment, if any. Begin with the most recent teaching employment and work back. You may list student teaching experience if space remains.

	Teaching/Employment History	
Employer:	Employed	Starting position:
Limployer.	Employed	Starting position.
	FromMo/Yr	
Address:	1101111010/11	Last position:
Address.	To Mo/Yr	Last position.
	101010/11	
Telephone:		Other positions held:
·		·
Grades or subject(s) taught:	Immediate supervisor:	
	<u> </u>	
	Too ships / Free play we such Higher.	
Faculty	Teaching/Employment History	Chambina na sibiana
Employer:	Employed	Starting position:
	From NA - We	
Address	FromMo/Yr	Last as 200 a
Address:	T- 24-74	Last position:
	To Mo/Yr	
Telephone:		Other positions held:
. ciepiionei		Carrel positions neigh
Grades or subject(s) taught:	Immediate supervisor:	
	Teaching/Employment History	
Employer:	Employed	Starting position:
	FromMo/Yr	
Address:		Last position:
	To Mo/Yr	
Talanhana		Other perities at the late
Telephone:		Other positions held:
Grades or subject(s) taught:	Immediate supervisor:	<u> </u>
Grades of Subject(s) taugit.	minediate supervisor.	

Additional Inquiries Concerning Employment

Are you authorized to work in the Un	ited States?
Yes	_ No
Do you have any relatives that work i	in the district?YesNo
May we contact your employer(s)	Present Employer: YesNo Previous Employer: YesNo Presently Under Contract: YesNo
Please identify any exceptions and re	easons for not contacting:
	ked to resign from a teaching position? Yes No
	Military Experience
Have you ever served in the U.S. Arm	ned Forces?No
Describe any special job-related train	ning received:
	Other Special Skills
Describe any other special job-related	d skills, employment positions or qualifications that would support
your application:	

Profe	ssional References:	Please list thr		elatives	
Name	Address		Phone Number	How Long Known	
In case of an emergency	or accident, whom	shall we notify	?		
Name:					
Home Address:		Busin	ess Address:		
Home Telephone:		Busir	Business Telephone:		
Pre-Interview Questions					
relationships and how th	is is beneficial to ea	ch.			
Describe how parents are	e going to feel abou	t having you a	s their child's teache	er – give 2 details.	

How do effective educators integrate technology into educators effectively integrate technology to enhance leads to the educators of the educators and the educators effectively integrate technology to enhance leads to the educators of the educator of the educators of the educator of the	
Legal Notific	cation
The Bridgeport Exempted Village School District is an Ec	ual Opportunity Employer.
The Bridgeport Exempted Village School District Board of race, color, religion, national origin, sex, disability, mi or any other legally protected class.	
Application's St	tatement
I hereby affirm that the information on this application complete to the best of my knowledge. I also agree tha omissions may disqualify me from further consideration justification for dismissal if discovered at a later date.	t any falsified information or significant
I authorize a thorough investigation of my past employr investigation, and release from all liability or responsibil requesting or supplying such information.	
I understand that according to federal law all individuals employment, produce certain documentation to verify their legal authorization to work in the U.S. As a consecuent on my ability to produce the period required by law.	their identity and U.S. citizen status or, if aliens, quence, I understand that any offer of
I UDERSTAND THAT I WILL BE REQUIRED TO SUBMIT TO REQUIRED BY O.R.C. §3319.39. IF THE APPLICANT HAS EXCLUDABLE OFFENSES APPLICABLE TO THE APPLICAN NONLICENSED) THEN THE APPLICANT MAY NOT BE EM	BEEN CONVICTED OF OOR PLED GUILTY TO ANY T'S GENERAL JOB CATEGORY (LICENSED OR
ANY PERSON WHO KNOWINGLY MAKES A FALSE STATI SECTION 2921.13 OF THE REVISED CODE, WHICH IS A N	
Signature of Applicant	 Date