

# CERTIFICATED APPLICATION BELLEVUE CITY SCHOOLS 125 NORTH STREET - BELLEVUE, OHIO 44811-8003

(419) 484-5000 - FAX (419) 483-0723

#### **APPLICATION PROCEDURES:**

- 1. Please complete this application and return to:
  - Office of the Superintendent, Bellevue City Schools, 125 North Street, Bellevue, OH 44811
- 2. Please enclose a copy of the following:
  - Completed and signed application form.
  - Copy of current teaching license/certificate or evidence one is available.
  - Up-to-date resume with references
  - University placement file and/or transcripts of credits
  - Any information or material you feel is relevant to your qualifications for the position
- 3. After review of the completed application and other materials received, interviews will be arranged (by invitation only) with selected candidates for vacant positions.

#### **DEMOGRAPHIC INFORMATION**

Name:Address:			SS #:					
			Primary Phone:					
City:	State	Zip	Alternate Phone:					
Number of months in military?								
Have you ever been dismissed o If yes please explain	r asked to re	esign from an	ny teaching or other educational positions? Yes	No				
I understand that I w	ill have to p	oass a crimina	ons will disqualify me from employment at a public school al background check to be employed by Bellevue City Sc.  No					
FOR WHAT POSITION ARE								
Elementary Teacher PK - 5			High School Teacher (Gr. 9 - 12)					
Middle School Teacher (Gr. 6-8								
Subject Area(s):				_				
Special Education Teacher			Special Education Area	<del>_</del>				
Administrative		_	Position					
Reason for leaving last position	or for want	ing to leave p	present position:	_				
		-	-					

## EDUCATIONAL PREPARATION

Name of School and Location		Sem. Hrs.	Hrs. Degree Major-Minor		
H.S.				Tranjor Ivili	-
College					
College					
College					
Special					
Special					
LIST ALL OHIO LIC WHICH YOU HAVE	APPLIED:		CURRENTLY	Y POSSESS OR FOR	
GRADE: K-8, HS, Spec, Etc.		TYPE: License, Prof, Perm)		Subject Areas	Expires
K 0, HS, Spee, Etc.	(License, 1101, 1 cmi)		_		
Are you under contract  If "yes" is it a:	n: for next year? Limited contract? trict and when does urrent base salary? en a continuing con	Yes the contract ex	what area? No Continuing? _ xpire?	Substitute?	
Write a brief summary	of your education pl	nilosophy:			

### WORK EXPERIENCE

Name/Address of School		ates/# of Months	Position	Principal/Supervisor
professional ability, personalit	mes, addresses, and phone num y, character, and scholarship. I ats and principals with whom y	f you have previous		<del>-</del>
Name	Address	Address		Position
			Phone Number	
	its agents have your permission	on to contact the	Yes	No
above named persons?  Does the board of education or	its agents have your permission	on to contact your		_
current employer?	in to contact your	Yes	No	
will, in your estimation, contri	: Write a short autobiography bute to your success in the posivactivities, foreign laughage sk	tion for which you a	are making application	on such as: scholastic

employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries. I further certify that I have not been convicted of a felony or sexrelated offense, and hereby authorize the Board of Education and its designee(s) to perform such background investigations as required by law. The fee for the background investigation is to be paid by the applicant who is the finalist for the position. This policy also applies to all persons added to substitute lists. Failure to comply will result in the disqualification of the applicant for employment consideration. I understand and agree that if I am employed prior to the receipt of the BCI report and verification of my work experience, my continued employment will be contingent upon: 1) satisfactory work experience as verified by contacts with my former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosures of criminal convictions. Signature of Applicant Date I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. 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 of Applicant Date FOR OFFICE USE ONLY Date/Time Receipt of Application Date of Interview Interviewed By Date of Employment

I certify that the information given in this application is true to the best of my knowledge. I authorize the Bellevue City School District Board of Education and its designee(s) to conduct an appropriate reference check which may include former

The Bellevue City Schools is an Equal Opportunity Employer. The Bellevue City School District does not discriminate on the basis of race, color, national origin, religion, sex, handicap, or age in its educational programs, activities, and employment practices.