

# LYNCHBURG-CLAY LOCAL SCHOOLS

301 E. Pearl Street, P.O. Box 515, Lynchburg, OH 45142

P: 937-364-2338 F: 937-364-2339

Teacher Application

Please complete this application and return to the address above. Enclose a copy of the following:

- Your teaching certificate/license or letter from your college confirming your certification areas
- An official transcript or credits
- If applicable, your results of the National Teachers Exam, and/or State of Ohio Teacher Exam (Praxis)
- Your credentials that include at least three letters of reference
- Resume and list of references
- The completed **handwritten** answers to the questions at the end of this application

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Alternate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number or State Teacher ID Number (to verify certification) \_\_\_\_\_

Email Address \_\_\_\_\_

Do you communicate through a social media network? (i.e. Facebook, etc.) \_\_\_\_\_ Y \_\_\_\_\_ N

What position are you applying for?

Please check below:

\_\_\_\_ Elementary PS-3  
\_\_\_\_ Generalist 4-5  
\_\_\_\_ Middle School 6-8  
\_\_\_\_ High School 9-12  
\_\_\_\_ Special Education  
\_\_\_\_ Other \_\_\_\_\_

Subject area(s) \_\_\_\_\_

What extracurricular activities  
would you be willing to help with?  
Name in order of preferences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification Area(s)** Please list certificate(s)/license(s) you presently have or those you anticipate receiving as a result of completion of studies:

Type	Area(s)	Grade Levels

**Education** (If you have not yet graduated, please list degree and date anticipated)

	<b>School Location</b>	<b>Major/Minors</b>	<b>Degree</b>
<b>High School</b>			
<b>Colleges/Universities</b>			

**Teacher/Administrative Experience** (Include student teaching if less than 3 years teaching experience)

	<b>Most Recent</b>	<b>Second Most Recent</b>	<b>Third Most Recent</b>
<b>Dates</b>			
<b>School</b>			
<b>Address</b>			
<b>Principal</b>			
<b>Position/Subject/Grade</b>			
<b>Extra Duties</b>			

**Other Employment Experience**

	<b>Most Recent</b>	<b>Second Most Recent</b>	<b>Third Most Recent</b>
<b>Dates</b>			
<b>Employer</b>			
<b>Address</b>			
<b>Position</b>			
<b>Extra Duties</b>			

**Professional Involvement**

<b>Organization</b>	<b>Involvement</b> (conferences, articles, leadership positions – please include dates)

Are you involved in any organization outside your profession? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, have you held or do you hold any leadership position? \_\_\_\_\_ Yes \_\_\_\_\_ No

**References** (Include superintendents, principals, and supervisors for whom you taught or teacher)

Name	Position	Address	Phone

May we contact the above listed references? \_\_\_\_\_ Yes \_\_\_\_\_ No Initial \_\_\_\_\_

It is understood and agreed that the Board of Education may contact former 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.

**READ CAREFULLY BEFORE SIGNING:**

I understand that if I am employed prior to the receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with 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 disclosure of criminal convictions listed in category OTHER.

I agree any claim or lawsuit relating to my service with Lynchburg-Clay Local School District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

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 the application or resume, I understand that my employment may 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 \_\_\_\_\_ Date \_\_\_\_\_

I have the legal right to work in the United States and will submit the appropriate documentation upon the time of hire.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are hired, this application becomes part of your official record.**

Lynchburg-Clay School District provides equal employment opportunities to all people without regard to race, color, age, creed, national origin, sex, religion, or handicapping conditions.

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

**1. What are your reasons for wanting to teach?**

**2. Please describe your teaching style.**

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

**4. How do you design an overall lesson plan? List key components.**