



Shawnee Local School District

3255 Zurmehly Rd Lima, OH 45806
PH (419) 998-8031 FAX (419) 998-8050
<http://www.limashawnee.com>

Date: _____

Please return with a resume to Don Wade, Superintendent, at the above address.

Name: _____
Last First Middle

Phone: _____
Area Code

Permanent Address: _____

Cell: _____
Area Code

Present Address: _____

Phone: _____
Area Code

Effective until: _____

E-mail Address: _____

Teaching Position Applied For: Elementary Middle School High School Substitute

List grades or subjects in order of preference for which you are applying.

1. _____ 2. _____ 3. _____

Co-curricular activities that you can direct: _____

CERTIFICATION/LICENSURE:

Certificate

State: _____ Effective Date: _____

2 Yr. License

Grades on License/Certificate: _____

4 Yr. Resident Educator License

Areas of Licensure/Certification: _____

5 Yr. License

Endorsements: _____

Date of Availability: _____ Are you currently under contract? _____

TEACHING EXPERIENCE:

Total Years (year is minimum of 120 days): _____

School	Dates	Grades or Subjects	Administrator

Military Service: _____ Total Years: _____

WORK EXPERIENCE OTHER THAN TEACHING (recent):

Firm or Institution	/	Location	/	Dates
1.				
2.				
3.				

PROFESSIONAL TRAINING:

	Name & Location	Major	Major GPA	Cum. GPA	Degree
High School:					
University/College:					
Graduate Work:					

Student Teaching School District: _____

Grades/Subjects: _____ Supervising Teacher: _____

REFERENCES: List below persons who have first-hand knowledge of your character, personality, teaching ability and scholarship.

Name	/	Address	/	Phone	/	Position
1.						
2.						
3.						
4.						

Address of Placement Office where current credentials may be obtained:

You may attach a separate sheet giving any additional information which would help evaluate you for this position.

This application will be placed on file and remain there for 1 year for consideration when vacancies occur. It should be complete and accurate in every detail. Mail your application to the address listed at the top of page one.

If you are employed, it will be necessary for you to furnish the school an original transcript and your original certificate/license.

CERTIFICATION OF APPLICANT: I hereby authorize the Shawnee Local School District to obtain from my former employers all data needed to support this application. I hereby authorize the Shawnee Local School District to obtain from the references listed above any information needed to support this application.

I certify that the information given in this application is true to the best of my knowledge and that I am, or will be, certified/licensed to teach all subjects and grades listed.

Signature of Applicant: _____ Date: _____

An Equal Opportunity Employer