

Wapakoneta City Schools
 Aaron Rex, Superintendent
 Angela Sparks, Treasurer/CFO
 Mike Watt, Director of Operations



1102 Gardenia Drive
 Wapakoneta, OH 45895
 419-739-2900
 www.wapak.org

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Date of Application _____ Date Available for Assignment _____

Name _____
(Last) (First) (Middle Initial)

Permanent Address _____
(Street) (City) (State) (Zip)

Home Phone Number _____ Cell Phone Number _____

Email Address: _____

Temporary Address _____
(Street) (City) (State) (Zip)

Dates Effective _____

POSITIONS DESIRED

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

Other: _____

Full Time Part Time

Will you consider assignments as a substitute? Yes No

EDUCATION

SCHOOL AND LOCATION	DATES OF ATTENDANCE (From - To)	SEMESTER HOURS	KIND OF DEGREE	DATE AWARDED	MAJOR	MINOR
(High School)						
(College)						
(College)						
(Graduate Study)						

STUDENT TEACHING EXPERIENCE

INCLUSIVE DATES (From - To)	NAME OF SCHOOL	LOCATION (City and State)	GRADES OR SUBJECTS TAUGHT	SUPERVISING TEACHER

TEACHING EXPERIENCE

(List all teaching experience chronologically. Do not include student teaching. Be certain of accuracy of dates.)

INCLUSIVE DATES (From - To)		TOTAL NUMBER of YEARS	FULL DAY	HALF DAY	NAME OF SCHOOL (Indicate Public or Private)	ADDRESS (Street, City, State, Zip)	GRADE OR SUBJECTS TAUGHT
MO./YR	MO./YR						

EXPERIENCE OTHER THAN TEACHING

(List chronologically.)

INCLUSIVE DATES (From - To)	TYPE OF WORK	NAME AND ADDRESS OF EMPLOYER

PROFESSIONAL REFERENCES

List below three or more persons qualified to give information regarding your professional expertise. (Include only school superintendents, principals, supervising teachers, and college professors.)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER

Have you passed the Praxis or OAE? Yes No If so, in what area(s)? _____

LICENSURE (Enclose copy of license)

OHIO LICENSE(S) CURRENTLY VALID	AREA OF LICENSURE	DATE ISSUED Month/Day/Year	DATE EXPIRED Month/Day/Year

PERSONAL/RELATED INFORMATION

During the past year, how many days were you absent from work or school due to illness? _____

Have you ever worked or gone to school under another name? Yes No If so, what name? _____

List extra-curricular activities you can coach or sponsor. _____

Are you working toward an advanced degree? Yes No Where? _____

If employed, why do you wish to leave your present position? _____

Have you ever been dismissed from a teaching position or asked to resign? Yes No If yes, explain. _____

Are you under contract for the upcoming school year? Yes No

Any offer of employment will be contingent upon satisfactory results of a criminal background check. Ohio law disqualifies individuals with certain criminal backgrounds from employment in public schools.

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW.

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. This affirmation refers to employment history, degree(s) earned and courses taken. I understand that any misrepresentation, falsification or omission will be sufficient cause for denial of employment or discharge if I have been employed. The school district has my permission to contact all past and present employers.

IF YOU ARE HIRED IN A REGULAR TEACHING POSITION, YOU WILL BE REQUIRED TO PROVIDE TRANSCRIPTS OF CREDITS EARNED SO THEY MAY BE VERIFIED FOR SALARY PURPOSES.

Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER
The Wapakoneta City School District will not discriminate with regard to race, color, religion, national origin, sex, age, or any handicapping condition.