



APPLICATION FOR ADMINISTRATIVE POSITION

Date _____

NAME _____

PRESENT ADDRESS _____

PERSONAL INFORMATION

PRESENT POSITION _____

SOCIAL SECURITY NUMBER _____

Can you perform the essential duties of the subject position with or without an accommodation? Please explain: _____

PROFESSIONAL DATA

OHIO TEACHING AND ADMINISTRATIVE CERTIFICATES/LICENSES YOU HOLD

TYPE (TEMPORARY; PROVISIONAL; PROFESSIONAL; PERMANENT) NUMBER DATE EXPIRES SUBJECTS/ GRADES SPECIAL

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WHEN WILL YOU BE AVAILABLE FOR WORK IN THIS SCHOOL SYSTEM? _____

ARE YOU NOW UNDER CONTRACT WITH A SCHOOL SYSTEM? _____

HAVE YOU EVER TAUGHT UNDER A CONTINUING CONTRACT IN OHIO? _____

IF SO, INDICATED SCHOOL SYSTEM AND DATE CONTINUING CONTRACT GRANTED _____

TEACHING FIELDS

MAJOR(S) _____ ***SEMESTER HOURS** _____

MINOR(S) _____ ***SEMESTER HOURS** _____

*TO REDUCE QUARTER HOURS TO SEMESTER HOURS, MULTIPLY BY 2/3

APPLICANT FOR POSITION IN: (INDICATE FIRST AND SECOND CHOICE)

PROFESSIONAL PREPARATION:

Institution & Location	Major/Minor	Degree
Under Graduate		
Graduate		

EMPLOYMENT HISTORY

(Please furnish all requested information on this form: Do not refer to other sources. Please list all FULL TIME experience both within and outside the field of education starting with your present position.)

Institute & Location	Position	From-To	Years	Size(Your Unit)

PRESENT MILITARY STATUS _____

DATES OF ACTIVE MILITARY SERVICE _____

RECOGNITION - HONORS, AWARDS, PUBLICATIONS

PROFESSIONAL ORGANIZATIONS, ACTIVITIES, AND/OR NATURE OF PARTICIPATION

COMMUNITY LEADERSHIP ACTIVITIES, AND/OR NATURE OF PARTICIPATION

HOBBIES

REFERENCES: Please list the names of persons who know of your professional work and qualifications as follows:

Two persons for whom you worked:

1. Name _____ Position _____
Address _____ Phone _____
2. Name _____ Position _____
Address _____ Phone _____

Two persons with whom you worked:

1. Name _____ Position _____
Address _____ Phone _____
2. Name _____ Position _____
Address _____ Phone _____

Two persons who worked under your supervision

1. Name _____ Position _____
Address _____ Phone _____
2. Name _____ Position _____
Address _____ Phone _____

I have requested that my confidential file be forwarded from:

Name of Institution _____

Present annual salary _____ Salary expected _____

As a candidate for this position, I do hereby grant permission for officials of the Berlin-Milan Board of Education to contact my previous employers, the schools I attended, individuals listed by me on this application, as well as any physician who may have treated me for serious illness, nervous disorders of serious operation for the purpose of obtaining data necessary for employment consideration.

Date _____ Signature _____

Philosophy of educational administration (Limit to this space). Include reference to organizational management, curriculum, public relations, and fiscal matters.

What specific leadership roles have you provided in your current assignment?

What are your reasons for wanting to be an administrator in the Berlin-Milan Schools?

In addition to this application you are invited to include any other material you wish to support your candidacy.

You are hereby informed that this application must be complete and correct. Any omissions or incorrect statements may be considered as misrepresentation and jeopardize contract conditions.

Date _____ Signature _____

Photo required after employment.

BCI/FBI CONSENT FORM

IT IS UNDERSTOOD AND AGREED THAT THE BERLIN-MILAN BOARD OF EDUCATION MAY CONTACT THE BUREAU OF CRIMINAL IDENTIFICATION AND INVESTIGATION FOR A BACKGROUND CHECK AND I HEREBY CONSENT TO SUCH INQUIRY.

I UNDERSTAND THAT IF I AM EMPLOYED PRIOR TO THE SCHOOL DISTRICT'S RECEIPT OF THE BCI/FBI REPORT, MY CONTINUED EMPLOYMENT WILL BE CONDITIONED ON RECEIPT OF A REPORT DEMONSTRATING THAT I AM IN COMPLIANCE WITH THE BOARD OF EDUCATION'S RULES AND REGULATIONS REGARDING APPLICATION/EMPLOYEE CRIMINAL RECORDS AND DISCLOSURE OF CRIMINAL CONVICTIONS.

BY AFFIXING MY SIGNATURE, I AGREE TO THE CONDITIONS LISTED AND WILL, IF EMPLOYED, TENDER MY RESIGNATION OR EMPLOYMENT SHOULD I FAIL TO FULFILL THESE CONDITIONS.

SIGNATURE _____ DATE _____

IT IS THE POLICY OF THE BERLIN-MILAN SCHOOL DISTRICT THAT EDUCATIONAL ACTIVITIES, EMPLOYMENT PRACTICES, PROGRAMS, AND SERVICES ARE OFFERED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, OR AGE.