



Indian Valley Local Schools
 100 N Walnut St, PO Box 171, Gnadenuhuten, OH 44629
 (P) 740.254.4334 (F) 740.254.9271
 www.ivschools.org

Indian Valley Local Schools
**AN EQUAL
 OPPORTUNITY
 EMPLOYER**

PROFESSIONAL EMPLOYMENT APPLICATION

“Kids First”

Our Mission is to educate and nurture all students
 so they learn to the best of their abilities
 to become responsible and productive citizens

Legal Notifications:

Indian Valley Local Schools is an equal opportunity employer and as such prohibit discrimination because of race, color, religion, age, handicap or disability, marital status, citizenship status, creed, national origin or sex as covered under Title I, Americans with Disabilities Act, Title VII of the Civil Rights Act of 1964, Equal Employment Opportunity Act of 1972, and Section 504 of the Rehabilitation act of 1973.

The Indian Valley Local School Board of Education has also, by formal resolution, indicated its intention to comply with all provisions of Title IX of the Education Amendments of 1972, which provides that: “NO PERSON SHALL, ON THE BASIS OF SEX, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION IN EMPLOYMENT, OR RECRUITMENT, CONSIDERATION OR SELECTION WHETHER FULL OR PART -TIME.” All employment decisions are made in a non-discriminatory manner and shall not limit, segregate, or classify applicants or employees in any way which could adversely affect any applicant’s or employee’s employment opportunities because of gender.

(Type or Print in Ink)

Date: _____

Name _____
 Last First Middle Telephone

		Position Desired	
Teacher	Grade	Subject Areas	
<input type="checkbox"/> Elementary	_____	_____	
<input type="checkbox"/> Junior High	_____	_____	
<input type="checkbox"/> Senior High	_____	_____	
<input type="checkbox"/> Special Ed.	_____	_____	
<input type="checkbox"/> Substitute	_____	_____	

Administrator		Guidance		
<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High	<input type="checkbox"/> Senior High	<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High
			<input type="checkbox"/> Senior High	<input type="checkbox"/> Senior High

INFORMATION

Present Address _____ City _____

State _____ Zip _____ Telephone _____

Home Address _____ City _____

State _____ Zip _____ Telephone _____

Type of contract at present time? _____

Extra Curricular activities you are qualified to conduct: _____

Have you ever held continuing contract status? _____



TRAINING

Institution

Location

Inclusive Dates

Degree

PRAXIS TEST

Attempted

Passed

Passed Date _____

STUDENT TEACHING

Dates

Name and Address of School

Subject and/or Grade

From Mo. Yr.

To Mo. Yr.

Mark Earned

Supervising Teacher

Supervisor from Teaching Training Institution _____

Total accumulated semester hours of credit? _____



CERTIFICATION

Type

Expiration Date

State

WORK EXPERIENCE

Teaching Experience

List all teaching experience in the table below. Do not include non-teaching experience of student teaching. List most recent first.



Name and Address of Employer Building

Dates Employed Grades and/or Subject Taught

From _____ To _____

Name of Last Principal Starting Salary Present or Last Salary

Brief Description of Duties (Including Extracurricular Responsibilities)

Reason for Leaving: May we contact yes
this employer? no



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this employer? no

Total teaching experience in school years (A school year is defined as a period of not less than 120 school days in the same school year.)

OTHER EXPERIENCE

Experience with children (other than teaching) _____

Military Service: Dates _____, _____ to _____, _____ Total Months _____

Other Work Experience, if any _____



PROFESSIONAL REFERENCES

If credentials are on file in a college placement bureau, indicate proper address and eliminate specific references; otherwise, list at least three persons who know of your teaching or student records. Others may be people whom you wish to name as character references.

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



ADDITIONAL COMMENTS

Please add additional supportive comments:

The information contained in this application is correct and accurate to the best of my knowledge _____

Applicant Signature

Please return this application to: **Superintendent**
Indian Valley Local Schools

Your application will remain in our active file for one year. If you wish to remain active thereafter, please notify this office.