



**PERRY LOCAL SCHOOLS**

4201 – 13<sup>th</sup> Street S.W., Massillon, OH 44646-3498  
(330) 477-8121 ~ FAX (330) 478-6184 ~ www.perrynet.sparcc.org

Your Application is not complete until you send us a copy of your teaching certificate, transcripts, and a letter of reference to add to your application.

**Certified Employment Application**

**Personal Data**

First Name Middle Last Name

Date of Application Social Security #

Home Phone Other Phone Other Phone  
( ) ( ) ( )

Address: Street

City State Zip

Home address: Street  
(if different than above)

City State Zip

Are you a citizen of the U.S.?  Yes  No

**Position Desired**

Grade Level

Type of employment desired

Ever applied before?  Yes  No Date of previous application

Have you ever been convicted of a felony?  Yes  No

If so, when and describe the incident

Are you currently employed in education?  Yes  No

If yes, what school system and position?

Present occupation if not in education

Present salary Are you under contract now?  Yes  No

Why do you wish to leave your current position?

Have you been granted a continuing contract (tenure) in a school district in Ohio?  Yes  No

If yes, when and where were you granted tenure (school district, county, date)

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**Education & Training**

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High School

Location

College/University

Location

Approximate GPA

Major

Degree

Approximate GPA

College/University

Location

College/University

Location

Major

Degree

Major

Degree

Approximate GPA

Approximate GPA

Total Semester Hours

Total Quarter Hours

Student teaching experience

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**Subject Preparation**

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Elementary applicants – List subjects and grade levels you prefer to teach by order of preference

Secondary applicants – List subjects you are certified to teach in order of preference

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**Other schooling training & professional information**

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Please describe

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**Skills**

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Please list skills associated with technology in which you feel competent

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**Teaching Experience**

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Name of Employer

Name of Employer

Subjects/Grade Taught

Subjects/Grade Taught

Date: From/To

Date: From/To

Number of years experience granted

Number of years experience granted

Reason for Leaving

Reason for Leaving

Superintendent

Superintendent

Name of Employer

Name of Employer

Subjects/Grade Taught

Subjects/Grade Taught

Date: From/To

Date: From/To

Number of years experience granted

Number of years experience granted

Reason for Leaving

Reason for Leaving

Superintendent

Superintendent

**Coaching Interest**

Name the sports you feel you are qualified and have a desire to coach

**Other Extra-Curricular Activities**

Name the extra-curricular activities other than sports that you have a desire to become involved

**Other Work Experience**

Company

Address

Supervisor

May we contact?  Yes  No

Job Title

Date: from/to

Reason for leaving

Company

Address

Supervisor

May we contact?  Yes  No

Job Title

Date: from/to

Reason for leaving

**Military Experience**

Branch of Service

Type of Discharge

Total years of military

Honors

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**Teaching Certificates/License**

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Name under which Certificate/License was granted

State	Type
Certificate/License #	
Date Issued	Date Expires

Name under which Certificate/License was granted

State	Type
Certificate/License #	
Date Issued	Date Expires

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**Academic/Professional References**

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List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work Phone ( )	Home Phone ( )	
Address		
City	State	Zip
Position	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Reference

Work Phone ( )	Home Phone ( )	
Address		
City	State	Zip
Position	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Reference

Work Phone ( )	Home Phone ( )	
Address		
City	State	Zip
Position	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**References**

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List three personal references

1. Reference

Work Phone  
( )

Home Phone  
( )

Address

City

State

Zip

Relationship

May we contact?  Yes  No

2. Reference

Work Phone  
( )

Home Phone  
( )

Address

City

State

Zip

Relationship

May we contact?  Yes  No

3. Reference

Work Phone  
( )

Home Phone  
( )

Address

City

State

Zip

Relationship

May we contact?  Yes  No

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**Emergency Information**

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Name of person to be notified in case of emergency

Relationship to applicant

Address: Street

City

State/Zip

Home Phone  
( )

Work Phone  
( )

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**Questions**

**Please answer the following questions and attach your responses to this application.**

- 1) Describe your reason for wanting to teach and specifically your reasons for seeking a position in the Perry Local School District?
- 2) What are your most effective teaching strategies? How do you intend to implement them?
- 3) Describe the most rewarding experience you have had working directly with students.
- 4) What do you want to happen as a result of your teaching?
- 5) What do you want to know about your students?
- 6) Describe the relationship you want to establish with your students. How will you accomplish this?
- 7) Describe how you plan for a lesson.
- 8) Upon what basis do you want to be held accountable as a teacher?

It is understood and agreed that the Perry Local School District may contact former employer(s) for verification of my employment history including any testing which may have been done, and compliance with the Bureau of Criminal Identification and Investigation (BCI) for a background check and any other testing which may be required, and I hereby voluntarily consent to such inquires.

I understand that if I am employed prior to the District's receipt or 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's rules and regulations and any other legal requirements regarding applicant/employee criminal records and disclosure of convictions.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated under 3319.16 of the Ohio Revised Code. If the Board of Education terminates my contract, I knowingly waiver any rights I may have under 3319.16 ORC to challenge such termination. 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

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**Ohio Revised Code (3313.39) requires a criminal records check when the applicant is under final consideration for employment.**

**STATEMENT OF NONDISCRIMINATION**

It is the policy of the Perry District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, martial status, nondisqualifying, height, or other protected categories.

In accordance with Federal law, any person employed by this District must provide evidence that s/he is eligible to work in the United States.

Revised 4/06

Please return completed application to:  
**Office of the Superintendent**  
**Perry Local School district**  
**420113<sup>th</sup> Street S.W.**  
**Massillon, OH 44646**