

**BUCKEYE LOCAL SCHOOL DISTRICT**

**ADMINISTRATIVE OFFICES**

6899 State Highway 150

Dillonvale, Ohio 43917

Phone: (740) 769-7395 - 598-4160 - 546-4900

**CERTIFIED PERSONNEL APPLICATION FORM**

**POSITION APPLIED FOR:**

**A. ADMINISTRATION** (Check Area)

\_\_\_\_\_ Superintendent  
 \_\_\_\_\_ Assistant Superintendent  
 \_\_\_\_\_ Administrative Assistant  
 \_\_\_\_\_ Supervisor: (Specify Type) \_\_\_\_\_  
 \_\_\_\_\_ Principal: High School \_\_\_\_\_ Middle School \_\_\_\_\_ Elementary \_\_\_\_\_  
 \_\_\_\_\_ Other: (Specify) \_\_\_\_\_

**B. INSTRUCTIONAL** (Check Area)

\_\_\_\_\_ Guidance: High School \_\_\_\_\_ Middle School \_\_\_\_\_ Elementary \_\_\_\_\_  
 \_\_\_\_\_ Classroom Teacher: (Specify Grade(s) Desired) \_\_\_\_\_  
 \_\_\_\_\_ Special Education Classroom: High School \_\_\_\_\_ Middle School \_\_\_\_\_ Elementary \_\_\_\_\_  
 \_\_\_\_\_ Circle Area of Interest: D.H. L.D. M.H. S.B.H.  
 \_\_\_\_\_ Other: (Specify) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden)

Present Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Permanent Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone Number - Present \_\_\_\_\_ Permanent \_\_\_\_\_  
 (Area Code) (Area Code)

OFFICE RECORD (Not to be completed by applicant)
Date Received _____
Reviewed by _____
Interviewed by _____
Date Interviewed _____
References Sent (Date) _____
References Received (Date) _____
Date Employed (If Applicable) _____

**C. PERSONAL DATA**

1. Social Security # \_\_\_\_\_ 2. Marital status \_\_\_\_\_(optional)  
3. Number of children \_\_\_\_\_ 4. If married, give husband's or wife's first name: \_\_\_\_\_  
5. Physical defects which would hinder job performance: \_\_\_\_\_  
6. Are you a citizen of the U.S.? \_\_\_\_\_ 7. Have you ever been convicted of a felony? \_\_\_\_\_  
8. Of what professional associations are you a member? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been refused re-employment as a teacher? \_\_\_\_\_  
Where? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Why do you wish to teach in the Buckeye Local School District?

\_\_\_\_\_  
\_\_\_\_\_

11. Are you presently employed? \_\_\_\_\_ If yes, why do you wish to leave your present position?

\_\_\_\_\_  
\_\_\_\_\_

12. What is your present annual salary? \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

13. If not employed at present, what was your last annual salary? \_\_\_\_\_

14. At the time of making this application, are you under contract for the ensuing year? \_\_\_\_\_

15. Are you willing to be personally interviewed? \_\_\_\_\_

16. Have you qualified for a continuing contract in Ohio? \_\_\_\_\_

17. Where? \_\_\_\_\_ When? \_\_\_\_\_ Do you hold a continuing contract? \_\_\_\_\_

18. What certificate(s) do you now have in force?

Kind of Certificate(s)	State	Number	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Years of active military service \_\_\_\_\_ Type of discharge \_\_\_\_\_

20. Are you willing to accept extracurricular activity assignments? \_\_\_\_\_ If so, please list special interest areas: \_\_\_\_\_

**D. EDUCATIONAL PREPARATION:**

SCHOOL	DATES ATTENDED	NAME & LOCATION OF INSTITUTION	YEAR OF GRADUATION	SEM. HRS. TOTAL	DIPLOMA/ DEGREE REC'D
1. High School					
2. College or University					
3. College or University					
4. Special Courses					
5. School where Student Teaching was Completed					

Grade Level(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

6. List below, in order of preference, all subjects or areas you are certified to teach:

Subjects or Area	Semester Hours
_____	_____
_____	_____
_____	_____

**E. EXPERIENCE:**

Professional status:

Total Experience in years \_\_\_\_\_ Elementary Schools \_\_\_\_\_ Middle Schools \_\_\_\_\_ High School \_\_\_\_\_

List below the places where you have done full-time regular teaching or working in Administration:

Place	Grade	Subjects or Areas	Dates
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

List below part-time teaching you have done: Tutoring, substitute, etc.

- \_\_\_\_\_
- \_\_\_\_\_

**F. REFERENCES:** Five references **are required.** Include your college supervisor of student teaching, former and present superintendents and principals and at least one personal reference.

Name	Title	Phone No.	Complete Mailing Address
_____			
_____			
_____			
_____			
_____			

**FOR ELEMENTARY APPLICANTS:**

1. With what system of reading are you familiar? \_\_\_\_\_
2. With what methods of reading instruction are you familiar? \_\_\_\_\_  
\_\_\_\_\_
3. What method of instruction for reading do you plan to use in the classroom? \_\_\_\_\_  
\_\_\_\_\_
4. In what subjects do you feel you do your best work? \_\_\_\_\_
5. Are you willing to organize and lead extracurricular activities? \_\_\_\_\_  
\_\_\_\_\_

**FOR APPLICANTS IN THE FIELD OF ADMINISTRATION:**

1. Are you familiar with the total curriculum for the level you have indicated an interest? \_\_\_\_\_
2. What do you feel is your strongest characteristic for becoming a good administrator? \_\_\_\_\_  
\_\_\_\_\_
3. Why have you chosen the level of administration indicated? \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interviews may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

---

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Buckeye Local Schools Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, or disabling conditions.

---