



Shelby City Schools  
 109 West Smiley Avenue  
 Shelby, Ohio 44875  
 419-342-3647

## Application for Certified Employment

**ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Please Print or Type

<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Permanent Street Address			Home Phone ( )
	Permanent City, State, Zip			Business Phone ( )
	Present Street Address			Social Security No.
	Present City, State, Zip			

<b>E D U C A T I O N</b>	<b>SCHOOL</b>	<b>NAME AND LOCATION OF SCHOOL</b>	<b>No. Sem. Hours</b>	<b>Degree</b>	<b>Dates Attended</b>	<b>Major</b>	<b>Minor</b>
	High School						
	College or University						

### Certification

a. Type of Certificate now held \_\_\_\_\_

Exp. Date \_\_\_\_\_

Type of Contract now held \_\_\_\_\_

b. Position applied for: Elementary \_\_\_\_\_ Jr. HS \_\_\_\_\_ HS \_\_\_\_\_

Special K-12 \_\_\_\_\_ Admin. \_\_\_\_\_

c. Indicate, in order of preferences, the subjects or grades you are certified to teach:

\_\_\_\_\_

d. List activities you will supervise / coach:

\_\_\_\_\_

e. Date available to begin work: \_\_\_\_\_

<b>MILITARY</b>	<b>Branch</b>	<b>From</b>	<b>To</b>

<b>TEACHING EXPERIENCE</b>	<b>School System</b>	<b>Address</b>	<b>Administrator or Supervisor</b>	<b>School Year</b>	<b>Grade or Subject Taught</b>

<b>WORK EXPERIENCE</b>	<b>Employer</b>	<b>Date</b>	<b>Location</b>	<b>Type of Work</b>

**Why do you have an interest in the Shelby City Schools?**

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**Why did you enter the education profession?**

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**What do you see as the major goal(s) of public education?**

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**If a resume is not on file, please attach a copy and return to Superintendent of Schools**