



CHAGRIN FALLS EXEMPTED VILLAGE SCHOOLS

400 East Washington Street
Chagrin Falls, OH 44022

CERTIFICATED APPLICATION

NAME

POSITION DESIRED

DATE

OHIO CERTIFICATION OR LICENSE INFORMATION

Area(s) _____

Please type or print all information

I. PERSONAL INFORMATION

Social Security Number _____

Name _____
Last First Middle

Current Street Address _____

City, State, Zip Code _____

Phone Numbers (Including Area Code) _____ Cell Phone _____

Email _____

Permanent Street Address _____

City, State, Zip Code _____

Phone Numbers (Including Area Code) _____ Cell Phone _____

I wish to be considered for: Regular Teaching _____ Substitute Teaching _____ Tutor _____

OFFICE USE ONLY

Cover Letter /Resume	Application	Interview	BCI	FBI	Praxis	TB Test (Neg.)	Transcripts	Valid Ohio License	(3) Ref. Letters	Ref. Check Form	Pin #	CFEA Agreement	Hep B Letter	Bloodborne Pathogens

Date Received _____ Date Employed _____
Date Interviewed _____ For Position _____
Interviewers _____
D.O.T. _____

II. PROFESSIONAL INFORMATION

CERTIFICATION/LICENSURE

Area _____ Type _____ State _____ Expiration Date _____

List any endorsements to the certificates/licenses listed above: _____

List any activity or club you would be willing to advise or coach _____

When would you be available for this position? _____

Are you eligible for United States Military Service Credit? Yes _____ No _____ Dates Served _____

III. EDUCATION (List only College and University – most recent first)

College or University _____ Degree (BA, MA, etc.) _____ Date Degree Conferred _____ Major _____ GPA _____

IV. STUDENT TEACHING EXPERIENCE

School District/School Name _____

Area/Level _____ From _____ To _____

Cooperating Teacher _____ Phone _____

College Supervisor _____ Phone _____

V. TEACHING/ADMINISTRATIVE OR OTHER WORK EXPERIENCE (List current experience first)

School District/School Name _____

Position/Area/Level _____ From _____ To _____

Principal or Supervisor _____ Phone Number _____

Total Number of Years _____ Salary _____ Reason for Leaving _____

School District/School Name _____

Position/Area/Level _____ From _____ To _____

Principal or Supervisor _____ Phone Number _____

Total Number of Years _____ Salary _____ Reason for Leaving _____

V. TEACHING/ADMINISTRATIVE OR OTHER WORK EXPERIENCE (Continued)

School District/School Name _____
Position/Area/Level _____ From _____ To _____
Principal or Supervisor _____ Phone Number _____
Total Number of Years _____ Salary _____ Reason for Leaving _____

School District/School Name _____
Position/Area/Level _____ From _____ To _____
Principal or Supervisor _____ Phone Number _____
Total Number of Years _____ Salary _____ Reason for Leaving _____

School District/School Name _____
Position/Area/Level _____ From _____ To _____
Principal or Supervisor _____ Phone Number _____
Total Number of Years _____ Salary _____ Reason for Leaving _____

Have you ever been granted Continuing Contract status? Yes _____ No _____
If yes, in what school district? _____
Do we have your approval to contact your current employer? Yes _____ No _____

VI. REFERENCES – Include Cooperating Teachers, Principals, Superintendents, Supervisors or others for whom you have worked recently

Name	Position	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. OTHER CONSIDERATIONS

Have you ever been employed by the Chagrin Falls Schools? _____ If yes, when _____
Have you every applied for a position with the Chagrin Falls Schools? _____ If yes, when _____
Have you ever been dismissed from or refused reemployment in a teaching or administrative position? _____
If yes, please explain _____

Have your every been convicted of a crime as an adult? Yes _____ No _____
If yes, explain: _____

**CHAGRIN FALLS EXEMPTED VILLAGE SCHOOLS
PRECONDITION TO EMPLOYMENT**

Should you come under final consideration for a position in the Chagrin Falls Exempted Village School District, Ohio Revised Code 3319.39 and Ohio House Bill 79 requires the District to conduct a criminal history record check and requires you to submit a set of electronic fingerprints to both the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation. (Applicant is responsible for the cost of all background record checks.)

Have you ever pled “guilty” or “no contest”, or been convicted of a misdemeanor or felony violation of the laws of Ohio, any other state, or the United States? Include any expunged pleas or convictions Answer by signing your name below at the appropriate answer. (If you answer is “Yes” this question, please explain on a separate sheet, each misdemeanor or felony plea or conviction, including, but not limited to, the nature of the offense, the date of the plea or conviction and the state or Federal court which entered the plea or conviction.)

Yes _____

No _____

READ CAREFULLY

Pursuant to the same Ohio Revised Code 3319.39, employment by any public or chartered non public school in the State of Ohio is conditioned on the applicant satisfactorily passing the BCI and FBI criminal history record checks. Due to the length of time required for completion of any required/requested records check, it may occasionally be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the applicant information provided in the employment application. However, by signing this document below, I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from BCI/FBI, my employment shall be contingent upon subsequent receipt by the Board of Education of a report from BCI/FBI which is not inconsistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from BCI/FBI, and a subsequent report from BCI/FBI is received which is inconsistent with my answer to the above questions, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Signature _____

Date _____