NEW BREMEN LOCAL SCHOOLS

901 East Monroe Street
New Bremen, OH 45869
419-629-8606

TEACHING APPLICATION

Name _____ Date of Application _____
Address _____
City _____ State _____ Zip _____
Telephone Number ( ) - Are You Employed Now? _____
Position of Application _____
Why are you interested in this position with New Bremen Schools?

Why did you choose New Bremen Schools?

Personal Information:

Date You Can Start (month/day/year) _____
Number of days absent from work during the past two years _____

Professional Preparation:

High School _____ Year _____
Bachelors Degree _____ Year _____
Masters Degree _____ Year _____
Specialists Degree _____ Year _____
Are you Ohio certified/licensed to teach in the position for which you are applying? _____

Teaching Experience: (List Most Recent Employment First)

Date Month & Year	School District	Position	Name of Supervisor	Reason for Leaving
From To				
From To				
From To				

Total years of experience _____

Have you ever had continuing status as a teacher? _____ If so, where? _____

Please list any extracurricular activities that you would assist with coaching or supervising:

Professional and/or Personal References:

Reference (List below the names of three people not related to you whom you have known at least one year.)

NAME	ADDRESS	POSITION	TELEPHONE

Teaching License / Certificates – Please indicate below the grade and types of all Ohio teaching license / certificates that you presently possess. When hired, a copy of each license / certificate will need to be filed in the Central Office.

Have you passed the following exams? Praxis II

Praxis III

Type	Grade Level	Subject (if applicable)	Type of Certificate (if applicable)
License			
Certificates			
Other			

PLEASE READ CAREFULLY BEFORE SIGNING
APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio Law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration of employment. I recognize that I will be charged for the cost of the record check and that, unless I pay the fee, I will not be considered for employment. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. I agree that any claim or lawsuit relating to my service with New Bremen Local Schools must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

Signature of Applicant _____

A Complete Application Consists Of:
1. Receipt of completed and signed application form
2. Receipt of up-to-date resume and unofficial transcript
3. Receipt of current Ohio Teaching Certificate
4. Please do not send credentials until requested
5. Other related material so desired to be enclosed

Please Return To:
New Bremen Local Schools
Superintendent's Office
901 East Monroe Street
New Bremen, OH 45869