



Professional Application

Personal Information

Date

Last name

First name

MI

Present address

City / State

Zip

AC / Telephone #

Permanent address

City / State

Zip

AC / Telephone #

E-mail address

Cell phone #

Citizenship: _____ U.S. _____ Other _____

Social security #

Social Security name, if different from above

Emergency contact

Name

Address

City / State

A / C telephone #

Position Desired

Teaching Preference: If a lower school teacher, specify the grade level / subject area. If a secondary teacher, specify the content area and level – middle or upper school.

1. _____ 2. _____ 3. _____

Coaching Preference: If coaching applicant, specify either middle or upper school level and sport(s).

1. _____ 2. _____ 3. _____

Educational Employment

List all full time educational employment. (Do not include student teaching, substitute teaching, night school or industrial school experience.)

School	Address	City / State / Zip	AC / Telephone #	Principal or Supervisor	Inclusive Dates From - To

Have you ever failed to be reappointed? _____ When? _____ Where? _____
If yes, please provide details on a separate sheet.

Define your philosophy of education on a separate sheet and include your response with your application.

Professional References

Imminent Graduates

Professional references must include the supervising teacher and professor as well as professors in your area of concentration. If registered with the placement office, your file contains the aforementioned. Please request that the file be sent. If not, please include names of these persons among your references.

Experienced teachers / other applicants

Professional references must include a minimum of four most recent educators / employers for whom you have worked.

Name / Title	AC / Telephone #	Address	City / State Zip

All Noneducational Employment

List all full time positions held for six months or longer from the time of high school graduation. Use a separate sheet if additional space is required.

Place of employment	Address	City / State / Zip	AC / Telephone #	Immediate Supervisor	Inclusive Dates From - To

Educational Background

List the degree(s) earned and the conferring college / university.

Degree	College / University	City / State / Zip	AC / Telephone #	Dates Attended

List any other colleges or universities attended.

Hours	College / University	City / State / Zip	AC / Telephone #	Dates Attended

Certification Information

Certified Teachers

Please complete the box below with the information on the teaching certificate. Please include a copy of the certificate.

Imminent Graduates

Have you been or will you be recommended for a teaching certificate? _____ If yes, complete the box below as though you held a teaching certificate.

State Certified	Date of Expiration	Level of Certification	Elementary Area of Concentration	Secondary Teaching Fields	Endorsements

If secondary certified, list subject areas, other than teaching fields, in which you have a minimum of 12 semester hours.

Subject	Semester Hours	Subject	Semester Hours	Subject	Semester Hours

Administrator, Supervisor and Counselor Applicants

List certification presently held.

Professional Addendum

List scholastic honors, scholarships, awards or assistantships.

List workshops or institutes attended within the last five years.

Other Information

Are you able to perform all functions of the job for which you are applying without a reasonable accommodation? ___yes ___ no

Are you legally qualified to work in the United States? _____ yes _____ no

Have you ever been convicted of a felony or a crime involving moral turpitude? (Moral turpitude includes such crime as fraud, swindling, and sex related offenses.) You may omit juvenile offenses or convictions that have been set aside after successful completion of a probation period. _____ yes _____ no

If the answer is yes, please give details relating to the date of conviction, place of conviction, the court in which convicted, the case number and the sentence.

I, the undersigned, affirm that the information included in this application is true and complete. I understand that failure to include true and complete information may result in my disqualification for consideration for employment and / or dismissal from my position in this school. I also understand that the references and personal information that become a part of this application are regarded as confidential and shall not be revealed to me. I hereby authorize the school to contact any of the individuals or entities listed on this application for references and wave and release any and all claims I may have against the school in connection with such reference checks.

Signature

Date

All personnel of The Oakridge School shall be employed without regard to race, color, religion, sex or national origin.