APPLICATION FOR TEACHING & ADMINISTRATIVE POSITION

	ACHING & ADMINISTRATIVE PO MPTED VILLAGE S 702 S. RIVER STREET COMERSTOWN, OHIO 43832 740-498-8373, FAX: 740-498-8875 www.NCTschools.org		DISTRICT
This is an official application for employment In the Newcomerstown Ex Tuscarawas County, Ohio, and will be maintained for a period of one ye		FOR OFF	ICE USE ONLY
applicant's file is considered complete when a resume, copies of certific		DATE RECEIVED BY NEVSD	
and/or a university Career Services file are received by the Superintend	dent's Office at the above listed		
address. Each section of this document must be completed completely	and truthfullv.		
Information Identified in this application is subject to verification by the	employer.		
PERSONAL INFORMATION			
Name: First Middle	Social Security#	<i>‡</i>	
	Last		
Permanent Address:			
Street	City	State	Zip
Primary Phone#	Cell Phone #		
Positions for which application is being made (be specific): applicant m First Choice: Second Choice: Please state briefly your reason for wanting a pos	Third Choice: Date Avaliable	:	
EDUCATION - Please list most recent first.		T	
Name of School/College	Field of Study	GPA	Degree/Hours
Total Undergrad: Sem Hrs. Qtr. Hrs.	Total Graduate:	Sem Hrs.	Qtr. Hrs.

* Official transcripts will be required at the time of employment to verify placement onto salary schedules.

CERTIFICATION/LICENSURE

Type of Certificate/License Held	State	Exp. Date

EXAMINATION			
I have taken the following Teacher Licensing Ex	amination (Check all that a	oply)	
ACT FL/LTI	🗌 I have	I have received a passing score of	
OAE (Ohio Assessment for Ec	luca 🗌 I have	\Box I have taken the exam, awaiting score report	
Praxis Series	🗌 I have	not yet taken a teachers licer	nsing exam
Praxis I			
🗌 Praxis II			
STUDENT TEACHING - If student teaching has been con	mpleted within the last three years, plea	se supply the following information.	
STUDENT TEACHING ASSIGNMENT 1:			
School:			
Address:			
Grade/Subject	Date Start:	Date Complete:	
Critic Teacher:		Phone#	
Address:			
Faculty Advisor:		Phone#	
Address:			
STUDENT TEACHING ASSIGNMENT 2:			
School:			
Address:			
Grade/Subject	Date Start:	Date Complete:	
Critic Teacher:		Phone#	
Address:	·		
Faculty Advisor:		Phone#	
Address:			

TEACHING EXPERIENCE - Do not include substitute teaching, unless substituting for 120 days in the same school district in the same school year.

Name of School/Address	Position Held	Date From/To	Supervisor	Phone#

READ EACH OF THE FOLLOW	ING QUESTIONS AND CHECK THE APPROPRIATE RESPONSE.			
Use additional pages if necessary and att	ach to this application.			
Are you presently under contract	with any school district for next year?			
No No	Please Explain:			
Yes				
Have you received a continuing c	contract in any Ohio school district?			
🔲 No	Please Explain:			
Yes				
Have you ever been invotuntarily	terminated or asked to resign from employment in another district?			
🔲 No	Please Explain:			
Yes				
Have you achieved Natlonal Tead	cher's Board Certification?			
No No	Please Explain:			
Yes				
Have you applied for the Nationa	I Teacher's Board Certification?			
🔲 No	Please Explain:			
Yes				
Have you completed an Individua	al Professional Development Plan in your current school district?			
□ No	All applicants offered employment with the NEVSDwill be required to submit the plan and verification of all			
Yes	completed activitles to the Newcomerstown Local Professional Development Committee.			
Have you completed an official E	ntry Year Program in a previous school district?			
Yes	Please Explain:			
Have you been trained as a Ment	tor in a previous school district to work with entry year teachers?			
☐ Yes	Please Explain:			
Have you completed Pathwise tra	aining?			
	Please Explain:			
☐ Yes				
Have you completed Praxis evalu				
	Please Explain:			
Yes				
Are you qualified (Ohio Pupil Acti	vity Supervisor Certificate) and/or interested in coaching or directing extracurricular activities			
No	Please Explain:			
Yes				
Have you completed Google Educator Certifications?				
No No	If yes, please select all levels of certification you have completed.			
Yes	Level 1 Google Certified Trainer			
	Level 2 Google Certified Innovator			

- List most recent firs	t		
Position Held	Date From/To	Supervisor	Phone#
		List most recent first Position Held Date From/To	

OTHER RELATED EXPERIENCE

Please list below any other related experience. Examples: coaching/advising, tutoring, volunteer activities, etc.

REFERENCES

Name	Relationship	Position	Address	Phone#

ADDITIONAL INFORMATION

When you think about your students, in what major ways do you most want to influence their lives?

What are your three most important reasons for wanting to be a teacher?

1)	
2)	
3)	

Please use all or part of the space below to give whatever additional Information you would llke to share about yourself. Feel free to elaborate about yourself, education, professional experience, community activities, etc.