

**APPLICATION FOR ATHLETIC DIRECTOR
 CELINA CITY SCHOOLS
 585 E. Livingston Street
 Celina OH 45822-1784**

Application date _____

Procedures:

1. Please complete this application and return to: **Superintendent's Office, Celina City Schools Board of Education, 585 E. Livingston Street, Celina OH 45822-1784. You may also scan and email materials to: ken.schmiesing@celinaschools.org**
2. Please enclose a copy of the following:
 - a. Letter of interest
 - d. Resumé
 - c. Three letters of references
 - d. Copy of your teaching certificate(s) or license, if applicable.
 - e. Copy of transcript(s).
 - f. The completed handwritten answers for a writing sample.
3. After review of the completed application and requested materials, interviews will be arranged with selected candidates for vacant positions.
4. If you need assistance in completing this application, please call 419-586-8300 Ext. 1001.

Demographic Information:

Name _____			
Last	First	Middle	
Address _____			
City _____	State ____	Zip _____	Phone _____
Alternate Address _____			
City _____	State ____	Zip _____	Phone _____
State Teacher ID Number (to verify certification/licensure) _____			

References (Name references including superintendents, principals, and supervisors for whom you taught or teach):

Name	Position	Address	Phone

It is understood and agreed that Celina City Schools Board of Education may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions listed in category **OTHER**.

Signature

Date

I declare that the information contained in this application and in my resumé is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resumé, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature

Date

I have the legal right to work in the United States and will submit the appropriate documentation upon the time of hire.

Signature

Date

Certification/Licensure Area(s) (Please list certificates/licenses you presently have or those you anticipate receiving as a result of completion of studies):

Type	Areas	Grade Levels

Teaching/Administrative Experience (Include student teaching experience if you have less than three years teaching experience):

Dates	School	Address	Position Grade/Subjects	Extra Duties (i.e. Curr. Comm., etc.)

Other Employment Experience:

Dates	Employer	Address	Position



Celina City School District provides equal employment opportunities to all people without regard to race, color, national origin, sex, disability, age, religion, military status, ancestry, genetic information, or any other legally protected category, in its programs and activities, including employment opportunities.

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.

3. How would Celina City Schools benefit from your employment? _____
