

POSITION FOR WHICH YOU ARE APPLYING _____

NAME _____

DATE AVAILABLE _____ DATE OF SUBMISSION _____

GRANDVIEW HEIGHTS CITY SCHOOL DISTRICT

1587 W. Third Ave.
Columbus, OH 43212

(614) 481-3600
(614) 481-3648 fax

THE GRANDVIEW HEIGHTS CITY SCHOOLS IS AN EQUAL OPPORTUNITY EMPLOYER IN ALL AREAS OF
EMPLOYMENT AND PROMOTION



***Updated February 21, 2011. Please complete this application if your previous application was submitted to our office prior to February 21, 2011.**

For Office Use Only: Received: _____
Receipt Acknowledgement: _____
Interviewed By: _____
Interview Date: _____

“COMMITMENT TO EXCELLENCE

Dear Applicant:

Thank you for your interest in the Grandview Heights City Schools. Please fill out the application form completely and return all requested documents with this application. Applications are kept on file one year. Call or write us prior to March 1st to keep it active.

We do not interview every applicant. When positions become open in your area of certification, we review our files and selected candidates are notified that an interview will be granted. If time permits, a letter will be sent, but most contacts for an interview will be by telephone. It is important, therefore, that you supply us with complete information on how you may be reached. Additional phone numbers of friends and relatives may be necessary to contact you.

Please indicate on this application form if you are interested in substitute teaching. We will notify you when we are planning to add to our substitute list. Please keep us informed of address and telephone changes.

DO SEND THE FOLLOWING DOCUMENTS:

1. Copy of transcripts
2. Copy of Ohio teaching certificate
3. Results from Praxis test

THE FOLLOWING DOCUMENTS ARE REQUIRED UPON EMPLOYMENT:

1. One personal reference
2. State of Ohio Criminal Background Check
3. FBI Background Check

If we can be of further service, please let us know.

A. PERSONAL DATA

Name _____
Last First Middle Previous Name (Optional)

Social Security Number _____

_____ Telephone _____
Street Address

_____ Cell Phone _____
City State Zip

Email address: _____

To assist us in maintaining contact with you during the period of application, please list below the name and address of a person who will always know where to contact you:

_____ Telephone _____
Name

_____ Street Address

_____ Cell Phone _____
City State Zip

B. CERTIFICATION

Ohio License Number Expiration Date Grade/Subject/Area

Ohio License Number	Expiration Date	Grade/Subject/Area

Please list grades levels or subjects in order of preference.

1st _____ 2nd _____ 3rd _____

Extracurricular area(s) of interest _____

In addition to being considered for a full-time teaching position, I would like to have my name placed on the approved substitute teacher roster.

yes _____ no _____

C. ACADEMIC AND PROFESSIONAL TRAINING

High School, College/Universities	Major/Minor	Degree

Military Service: Branch _____ From _____ To _____

Student Teaching: Subject/Grade _____ From _____ To _____

D. PROFESSIONAL EXPERIENCE

School/System	City/State	Assignment	From	To

Other work experience that have been valuable to my career are:

List participation within the last two years in any professional activity for the improvement of the school(s) where you have been employed: e.g., Curriculum Revision, Pupil Progress Reports, etc.

Have you taught under a continuing contract in Ohio? yes _____ no _____

Continuing contract was granted by _____

Have you ever been eligible for a continuing contract? Explain. _____

E. PROFESSIONAL REFERENCES

These should be from persons best qualified and willing to give an objective appraisal of your qualifications for the position you seek. Please include administrators with whom you have worked, or teachers who supervised your student teaching. Please be sure the information you give is current.

Name	Address	Position

F. TEACHER APPLICANT QUESTIONS

The following questions are a very important part of our screening process. Please reflect upon them carefully, and give us your candid response. Please answer each of the questions below. Responses should be brief and to the point. You may answer the questions in the space provided or answer on a separate page.

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

2. How much do you want to know about your students in order to be most helpful to them?

G. PLEASE BE ADVISED

Interviews: Before any applicants are appointed, they will be scheduled for an interview, participation in which does not in any way assure the applicant of an appointment.

Updates: Any applicant not employed for the current school year who wishes consideration for the following school year should contact the Office of the Superintendent by March 1st in order to reactivate the application.

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes the property of the Grandview Heights Board of Education.

Date

Signature of Applicant