



**Logan-Hocking Local School District**  
**Teaching Application**  
 2019 East Front Street  
 Logan, OH 43138

*For Office Use Only*  
 Date Application Received \_\_\_\_\_  
 Date Credentials Received \_\_\_\_\_  
 Date Transcript Received \_\_\_\_\_  
 Interview Date \_\_\_\_\_  
 Interview By \_\_\_\_\_

**PERSONAL DATA**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
 First \_\_\_\_\_ SS # \_\_\_\_\_  
 Middle \_\_\_\_\_ H Phone \_\_\_\_\_  
 Last \_\_\_\_\_ C Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address (City, ST Zip) \_\_\_\_\_  
 Alternate Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Personal Reference Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**TEACHING PREFERENCES**

Level Preferred     Elementary (PK-4)     Middle (5-8)     High (9-12)  
 Position preferred (include subject and/or grade level)  
 1<sup>st</sup> Choice \_\_\_\_\_  
 2<sup>nd</sup> Choice \_\_\_\_\_  
 3<sup>rd</sup> Choice \_\_\_\_\_  
 List other subjects you are qualified to teach  
 \_\_\_\_\_  
 List any activities you are willing to direct (plays, clubs, etc)  
 \_\_\_\_\_  
 List any sports you are willing to coach  
 \_\_\_\_\_  
 My assignment preferences is:     Regular     Substitute     Tutor  
 I will be available to start on this date: \_\_\_\_\_

**LICENSE**

**Note:** Submit a copy of your Ohio teaching certificate or license with this application

Type Certificate or License you hold	Date Issued	Date of Expiration	Certificate/License Number	Subjects or Levels on Certificate/License

My training is as follows:

Name of High School	Location	Special Honors/Accomplishments

Name of Institution & Location	Years Complete	Date & Degrees Earned	Major/Minor	Semester Hours Beyond Graduation	
				Completed	In Process

I completed my student teaching experience at:

Name of School City & State	Grades & Subjects Taught	Supervising Teacher	Dates

Include all contracted positions you have held as a certified/licensed teacher. List chronologically with most recent first.

*In Ohio, 120 days or more experience in the same school year equals one year.*

Name of School City & ST	Phone Number	Grades, Subjects Taught, and Related Assignments	Dates		Total Years
			From	To	

You have my permission to contact any person mention above. \_\_\_\_\_

Are you presently under contract? \_\_\_\_\_ If yes, with whom \_\_\_\_\_

Have you been employed under a continuing contract in Ohio? \_\_\_\_\_

Have you taken a standardized examination for teachers? \_\_\_\_\_

Name of the test \_\_\_\_\_ List scores \_\_\_\_\_

Have you ever had a teaching contract terminated by your employer? \_\_\_\_\_

Have you ever held a limited teaching contract that was non-renewed? \_\_\_\_\_

Have you ever been requested to resign a teaching contract? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever been interviewed for a position in the Logan-Hocking School District? \_\_\_\_\_

*Do not answer yes if it was a college campus interview*

Have you ever had your state teaching license suspended or terminated by ODE? Yes or No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Other work experiences, including military service, which I believe have been valuable to my career.

Employer	City & State	Type of Work	Dates	Supervisor

Other experiences in student activities: i.e. coaching, plays, 4-H, etc.

Years/Dates	District	Activity	Position

Have you ever been convicted of a felony? \_\_\_\_\_

If so, explain \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize the Logan-Hocking Local School District to conduct a background check and obtain from former employer(s) all data needed to support this application.

It is the policy of the Logan-Hocking Local School District that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, disabling condition, veteran, or marital status. All district policies, programs, practices, procedures, and decisions shall be reviewed to assure the rights of all students and employees to equal educational and employment opportunities as guaranteed by the Constitution of the United States and by law.

I certify that all information on this application is true and complete to the best of my knowledge and I understand that any withholding or falsification of information on this application is grounds for non-consideration or dismissal if employed.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This section is designed to provide you with the opportunity to share some of your experiences and thoughts about teaching. Please respond to each item in the space provided.

1 . What are your reasons for wanting to teach?

2. Describe your teaching style. How would you usually function in a teaching role on a day-to-day basis?

3. What should be the nature of the relationship between students and teachers?

4. What are the most important things you want to know about your students?

5. How do you design an overall lesson plan? Include key components.