

**Bluffton Exempted Village Schools
102 S. Jackson Street
Bluffton, Ohio 45817**

Application

Certified Employee

Date _____

I. NAME _____
Last First Middle Social Security Number

Present Address _____ **Telephone** _____

Permanent Address _____ **Telephone** _____

How many years at this address? _____

II. POSITION APPLIED FOR:

_____ **Elementary Teacher** _____ **Administrator**
_____ **Middle School Teacher** _____ **Special (please specify)**
_____ **High School Teacher** _____

List grades or subjects in order of preference for which you are applying:

1. _____ 2. _____ 3. _____

List co-curricular activities that you can and would be willing to direct:

1. _____ 2. _____ 3. _____

III. CERTIFICATION

State _____ **4 Year Provisional**
_____ **8 Year Provisional**
Date _____ **Permanent**
_____ **2-Year License**
_____ **5-Year License**
_____ **Other**

Grades or subject on certificate/license _____

Expiration of certificate/license _____

IV. PROFESSIONAL TRAINING

	Name & Location	Major/Minor	Dates	Degree/Hrs.
High School				
College or University				
Graduate Work				

V. TEACHING EXPERIENCE – Total Years _____

School	Dates	Grades/Subjects	Administrator
(Student Training)			
(Contracted Work Experience)			

Military Service _____ Total Years _____
Dates

How many days have you lost from work or college because of illness in the past five years?

VI. REFERENCES

Name	Address	Position	Phone Contact Number
(Professional)			
1.			
2.			
3.			
4.			
(Personal)			
1.			
2.			
3.			

VII. PROFESSIONAL ORGANIZATIONS

List any professional or fraternal organizations of which you are a member. List offices or positions of responsibility you have held.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

