



✓ **FOR CONSIDERATION OF EMPLOYMENT - THE FOLLOWING REQUIRED DOCUMENTATION MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION:**

- COMPLETED APPLICATION
- OHIO TEACHING CERTIFICATE *(CERTIFIED EMPLOYEES ONLY)*
- COLLEGE TRANSCRIPTS (ORIGINAL – **NO PHOTO COPIES**) *(CERTIFIED EMPLOYEES ONLY)*
- EDUCATIONAL AIDE PERMIT FOR IRONTON CITY SCHOOLS *(OBTAINED ONLINE AT ODE.COM)*
- CURRENT **STATE(BCII) AND FEDERAL (FBI)** BACKGROUND CHECKS
(COMPLETED WITHIN THE LAST YEAR)
- COPIES OF PHOTO ID (DRIVERS LICENSE) AND SOCIAL SECURITY CARD
- TUBERCULOSIS (TB) SKIN TESTING REPORT *(COMPLETED WITHIN THE LAST YEAR)*
- PAYROLL DIRECT DEPOSIT FORM *(ATTACHED)*
- COMPLETED PAYROLL TAX FORMS *(ATTACHED)*
- COMPLETED EMPLOYEE WORKSHEET (**NOT FOR SUBSITUTE EMPLOYEES**) *(ATTACHED)*

**NOTICE
FOR ALL APPLICANTS**

Every new hire must be fingerprinted for a state and federal background check which can be completed at:

Lawrence County Educational Service Center - 3rd Floor – Courthouse – 740-532-4223

Ohio University Ironton OH - 740-533-4600

Ohio BCI&I \$35.00 FBI \$40.00

You will need:

- ✓ Cash
- ✓ Valid state issued picture ID
- ✓ Social Security Card (if not printed on the ID)
- ✓ Address of employer or licensing agency, if you want the results mailed directly to them. This information must be presented PRIOR to starting the transaction.

NOTE:

- ✓ **Background check results must be sent to employer and electronically submitted to the Ohio Department of Education**



Dedicated to Academic Excellence through Quality Education

105 South Fifth Street
 Ironton, Ohio 45638
 (740) 532-4133 • Fax (740) 532-2314

Application for Professional Employment

Name _____ Social Security Number _____
 Last First Middle

Address _____
 Number & Street

City State Zip Telephone Number

Date _____

POSITION FOR WHICH YOU ARE APPLYING

For professional positions, *The Ironton City School District* employs only personnel eligible to hold appropriate Ohio certification. STATE LAW HB 190 REQUIRES A NATIONAL (FBI) AND STATE (BCII) CRIMINAL BACKGROUND HISTORY CHECK AS A CONDITION OF EMPLOYMENT.

Teaching & Other Professional School Related Positions

- Elementary
- K-3
- 4-6
- Special Area (e.g. Art, Special Ed)
List _____
- Media Specialist/Librarian
- Counselor
- Nurse
- Secondary (list area or areas)

- Substitute Teacher
- Psychologist
- Other _____

Administrative Position

- School Administrator (Specify) _____
- Other (Specify) _____
- Central Office Administrator (Specify) _____

This application will be kept on file for two (2) years from date submitted.
 As an Equal Opportunity Employer, Ironton City Schools complies with federal and state laws.

Educational Preparation

(Hours MUST be accurate)

College or University	Address	Dates Attended		Degree	Total Qtr Hrs	Total Sem Hrs
		From	To			

Teaching Experience

School/Address	City/State	Grade/Subject Assignment	Full/Part-Time	Dates	
				From	To

Other Experience

Position	Name/Address of Firm	Name of Supervisor	Dates	
			From	To

Do you hold a valid Ohio teaching certificate? Yes No

Field(s) _____ Type _____
 Issue Date _____ Expiration Date _____

If you hold an Ohio certificate, please enclose copy.

Veteran of Military Service? Yes No If "yes" complete section below:

Active Duty Dates

From To
 Month Year Month Year

Write a brief statement adding any information that will help give us a more complete estimate of your qualifications.

Additional Skills/Training/Extracurricular

High School applicants check the following which you can direct or coach successfully:

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Quiz Bowl | <input type="checkbox"/> Football | <input type="checkbox"/> Track |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Basketball | <input type="checkbox"/> Class Advisor |
| <input type="checkbox"/> Cheerleader | <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Clubs _____ | (Specify) | |

List other extra-curricular activities which you can sponsor or serve as advisor _____

References

Please list persons whom we may contact for information concerning your professional preparation and competence. Do not list relatives or persons who know you only as a friend or who can evaluate only your personality and character. List your classroom cooperating teacher if your student teaching was done within the last three years.

May we contact your current employer? Yes No

Name of Reference	Address	Telephone	Position	Office Use Only

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General

The Ohio law states that no new teacher may be employed to teach in City School Districts unless recommended for the position by the Superintendent of Schools.

The use of any social, personal, or political influence or the urging of any consideration other than professional fitness shall be regarded as sufficient cause for the Superintendent of Schools to refuse to consider you an applicant for a teaching position.

All practices, procedures, and policies in the Ironton City School District shall clearly exemplify that there is no discrimination in the hiring, training, assignment, promotion, transfer or discipline of employees or in the educational programs and activities of students on the basis of race, creed, color, religion, national origin, age within statutory limits, sex, domicile, marital status or handicapping conditions.

Our acceptance of this application in no way constitutes a guarantee that you will receive an appointment in the schools of Ironton.

The following are conditions of employment and required before any new employee can be processed for payroll: fingerprint/criminal background check; a copy of your Social Security Card and completion of payroll tax forms.

Assignments are made in accordance with the needs of the school system and are subject to change. Any person signing a contract with the Ironton City School District accepts these conditions.

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the Ironton City School District and/or its agents, with any and all information in their possession regarding me in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supply this information to the Ironton City School District. A photocopy of this authorization is as effective as the original.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Return application to:

Ironton City School District
Superintendent of Schools
105 South 5th Street
Ironton, Ohio 45638



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY		STATE	ZIP	COUNTY
HOME PHONE () -		WORK PHONE () -		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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