



My training is as follows:

**ACADEMIC PREPARATION**

Name of Institution and Location	Years Comp.	Date & Degree Earned	Major/Minor	Semester Hours Beyond Graduation	
				Completed	In Progress

**WORK EXPERIENCE**

Includes all contracted positions you have held as a certified teacher. List chronologically with most recent positions first in Ohio. 120 or more days experience in the same school year equals one year.

Name of School/Address (zip code)	Principal's Name/ Phone No.	Grades, Subjects Taught, and Related Assignments	Dates		Total Years
			From	To	

You have my permission to contact any of the above mentioned persons. ( ) Yes ( ) No

Are you presently under contract? ( ) Yes ( ) No If yes, to whom \_\_\_\_\_  
School System

Have you been employed under a continuing contract in Ohio? ( ) Yes ( ) No

My continuing contract was granted by \_\_\_\_\_ on \_\_\_\_\_  
School System Date

Have you ever been discharged or requested to resign from a teaching position? ( ) Yes ( ) No  
If so, explain \_\_\_\_\_

**OTHER EXPERIENCES**

Have you previously applied for a position in the Defiance City Schools? ( ) Yes ( ) No If so, explain \_\_\_\_\_

Other work experience, which I believe have been valuable to my career, is:  
\_\_\_\_\_  
\_\_\_\_\_

**NOTIFICATION**

I hereby authorize the Defiance City Schools to obtain from my former employer all data needed to support this application. I 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 dismissal.

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

It is the policy of the Defiance City Board of Education that the best qualified applicant shall be selected without regard to race, color, religion, nation origin, age, sex, or marital status.