

# Credentialed Staff Application

## Three Rivers Local School District

92 Cleves Ave., Cleves OH 45002-1368  
www.threeriversschools.org

Telephone: 513-941-6400  
Fax: 513-467-3207

- Full-time Teaching
- Part-time Teaching
- Substitute Teaching

Date \_\_\_\_\_

**Name** \_\_\_\_\_  
(last) (first) (middle)

**Address** \_\_\_\_\_  
(number & street) (city & state) (zip code)

**Phone Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email** \_\_\_\_\_

### Education

High School \_\_\_\_\_

University Attended	Degree(s) and Date	Undergraduate Hours Semester / Quarter	Graduate Hours Semester / Quarter

### Teaching Experience

(Begin with your most recent experience. New teachers list student teaching and mark "ST.")

Schools Taught	Number of Years	Dates From To		Grades and/or Subjects Taught	ST

Are you a U.S. Citizen? \_\_\_\_\_ Are you a Veteran of the U.S. Armed Forces? \_\_\_\_\_  
 Are you under contract now for the coming school year? \_\_\_\_\_ Where \_\_\_\_\_  
 Date available for employment. \_\_\_\_\_

**Grade Level(s) in Which You Are Interested**

- Elementary School – K, 1, 2, 3, 4, 5
- Middle School – 6, 7, 8
- High School – 9, 10, 11, 12

**List ALL Certificates/Licenses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Secondary subject areas:**

\_\_\_\_\_  
 \_\_\_\_\_

**Attach copies of all certificates/licenses.**

## Professional References

Include superintendents and principals with whom you have worked. List at least three. Beginning teachers are to list their cooperating teachers.

Name	Position	Address (include street, city & zip)	Telephone

**Extracurricular Activities** which you could coach or sponsor: \_\_\_\_\_

Is there any reason why you cannot be highly punctual and regular in following an assigned work schedule?    Yes         No

Have you ever been disciplined, non-renewed or terminated from a position of employment as a result of allegations of poor performance or wrong-doing?    Yes         No

Have you ever resigned a position following threats of non-renewal or termination?    Yes         No  
If the answer is Yes, please explain each such instance on an attached sheet of paper.

Do you use tobacco in any form?    Yes         No        (Three Rivers Schools are smoke free.)

Have you ever been convicted of or plead guilty to an offense in any state which includes one or more of the following: any felony, any sex offense, any offense of violence, any theft offense or any drug trafficking offense?    Yes         No

## Criminal Background Checks

Persons under final consideration for employment are subject to a fingerprint criminal background check by the Ohio Bureau of Criminal Identification and Investigation and, the Federal Bureau of Investigation. This check must be satisfactorily completed as a precondition of employment within this District.

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**I hereby authorize the Three Rivers Local School District to contact previous employers and references to obtain any and all information related to my past work performance. Any material misrepresentation on this application form constitutes sufficient cause for rejection of the application, and/or termination at any time during employment.**

\_\_\_\_\_  
Signature

Applications are held for two years.

Three Rivers Local School District does not discriminate on the basis of age, sex, race, color, religion, disability or national origin in employment.

