



Shelby City Schools
(419) 342-3520

25 High School Avenue
P. O. Box 31
Shelby, Ohio 44875-0031

Application for Certified Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Please Print or Type

P E R S O N A L	Last Name			First	Middle	Date
	Permanent Street Address					Home Phone ()
	Permanent City, State, Zip					Business Phone ()
	Present Street Address					Social Security No.
	Present City, State, Zip					

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	No. Sem. Hours	Degree	Dates Attended	Major	Minor
	High School						
	College or University						

Certification

- a. **Type of Certificate now held** _____
Exp. Date _____
Type of Contract now held _____
- b. **Position applied for:** Elementary _____ Jr. HS _____ HS _____
Special K-12 _____ Admin. _____
- c. **Indicate, in order of preferences, the subjects or grades you are certified to teach:**

- d. **List activities you will supervise / coach:**

- e. **Date available to begin work**

M I L I T A R Y	Branch	From	To

T E A C H I N G E X P E R I E N C E	School System	Address	Administrator or Supervisor	School Year	Grade or Subject Taught

W O R K E X P E R I E N C E	Employer	Date	Location	Type of Work

Why do you have an interest in the Shelby City Schools?

Why did you enter the education profession?

What do you see as the major goal(s) of public education?

If a resume is not on file, please attach a copy and return to Superintendent of Schools