



**Hopewell-Loudon Local School District
Employment Application**



290 North County Road 7 Bascom, Ohio 44883
Phone (419) 937-2216 www.hlschool.org Fax (419) 937-2516

Name: _____
Last First Middle/ Maiden

Home Address: _____
Street City State Zip

Phone # _____
Home Area Code Number Cell Area Code Number

E-mail Address: _____

Position Desired _____ Full-Time _____ Part Time _____

When completing this application, do not use "refer to resume" or equivalent statement in lieu of completing this application.

Educational and Professional Training

Please list in chronological order, all educational institutions attended.

Name and Location	Semester Hours	GPA	Degree	Major	Minor
High School					
Undergraduate College Work					
Graduate College Work					

Complete the following

1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses? Yes___ No___
2. Have you ever been convicted of, found guilty of, or pled guilty to any felony? Yes___ No___
3. Have you ever had a criminal conviction sealed or expunged? Yes___ No___
4. Have you ever had a certificate limited, surrendered, or revoked? Yes___ No___
5. Have you ever surrendered a certificate, license, or permit? Yes___ No___

If you answered "yes" to any of the above questions, please attach an explanation.

Notice: When this application is submitted to the Hopewell-Loudon Local School District, it becomes public record and may be reviewed by the public including the news media.

I certify the information provided on this application is true and correct in every aspect. Evidence to the contrary will result in automatic termination from any position in this district.

Signed: _____ Date: _____

Hopewell Loudon Local School District will provide equal opportunities for employment, retention, and advancement of all people regardless of race, color, creed, national origin, political affiliation, age, sex, or handicap.

Certified Application

Teaching Experience

Please List in reverse Chronological Order

Beginning	Ending	Name and Address of school City, State, ZIP	Grades Taught/ Position Held	Full Time	Part Time	Substitute
Supervisor Name		Title	Phone	E-mail		
Supervisor Name		Title	Phone	E-mail		
Supervisor Name		Title	Phone	E-mail		
Supervisor Name		Title	Phone	E-mail		

Student Teaching

Dates From To	Grade Level/ Subject	Name and Address of school City, State, ZIP	Name of Supervising Teacher	Hours Earned
Principal / Supervisor Name		Title	Phone	E-mail

Experience other than Teaching (In Chronological Order)

Note: This Section is optional and may be completed if you feel experiences other than teaching may be evaluated with the view of enhancing your teaching capabilities.

Employer and Location	Employer Phone	Supervisor Name	Position Held	Dates From: To:

Certification / Licensure

Type of Certificate/License	Subject	State	Issue Date / Expiration Date

REQUIREMENTS BY LAW

- Criminal Background Check and Completed DMA from

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Signed: _____ Date: _____

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Home of the Chieftains