



**CHAGRIN FALLS EXEMPTED VILLAGE SCHOOLS**

400 East Washington Street  
Chagrin Falls, OH 44022

**CERTIFICATED APPLICATION**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
POSITION DESIRED

\_\_\_\_\_  
DATE

**OHIO CERTIFICATION OR LICENSE INFORMATION**

Area(s) \_\_\_\_\_

\_\_\_\_\_

Please type or print all information

**I. PERSONAL INFORMATION**

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Numbers (Including Area Code) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Numbers (Including Area Code) \_\_\_\_\_ Cell Phone \_\_\_\_\_

I wish to be considered for: Regular Teaching \_\_\_\_\_ Substitute Teaching \_\_\_\_\_ Tutor \_\_\_\_\_

OFFICE USE ONLY														
Cover Letter /Resume	Application	Interview	BCI	FBI	Praxis	TB Test (Neg.)	Transcripts	Valid Ohio License	(3) Ref. Letters	Ref. Check Form	Pin #	CFEA Agreement	Hep B Letter	Bloodborne Pathogens

Date Received \_\_\_\_\_ Date Employed \_\_\_\_\_  
Date Interviewed \_\_\_\_\_ For Position \_\_\_\_\_  
Interviewers \_\_\_\_\_  
D.O.T. \_\_\_\_\_

**II. PROFESSIONAL INFORMATION**

**CERTIFICATION/LICENSURE**

Area \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

List any endorsements to the certificates/licenses listed above: \_\_\_\_\_

\_\_\_\_\_

List any activity or club you would be willing to advise or coach \_\_\_\_\_

\_\_\_\_\_

When would you be available for this position? \_\_\_\_\_

Are you eligible for United States Military Service Credit? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates Served \_\_\_\_\_

**III. EDUCATION (List only College and University – most recent first)**

College or University \_\_\_\_\_ Degree (BA, MA, etc.) \_\_\_\_\_ Date Degree Conferred \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

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

**IV. STUDENT TEACHING EXPERIENCE**

School District/School Name \_\_\_\_\_

Area/Level \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_ Phone \_\_\_\_\_

College Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**V. TEACHING/ADMINISTRATIVE OR OTHER WORK EXPERIENCE (List current experience first)**

School District/School Name \_\_\_\_\_

Position/Area/Level \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Principal or Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Total Number of Years \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_  
School District/School Name \_\_\_\_\_

Position/Area/Level \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Principal or Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Total Number of Years \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

**V. TEACHING/ADMINISTRATIVE OR OTHER WORK EXPERIENCE (Continued)**

School District/School Name \_\_\_\_\_  
Position/Area/Level \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Principal or Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Total Number of Years \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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School District/School Name \_\_\_\_\_  
Position/Area/Level \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Principal or Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Total Number of Years \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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School District/School Name \_\_\_\_\_  
Position/Area/Level \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Principal or Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Total Number of Years \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Have you ever been granted Continuing Contract status? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, in what school district? \_\_\_\_\_  
Do we have your approval to contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**VI. REFERENCES – Include Cooperating Teachers, Principals, Superintendents, Supervisors or others for whom you have worked recently**

Name	Position	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VII. OTHER CONSIDERATIONS**

Have you ever been employed by the Chagrin Falls Schools? \_\_\_\_\_ If yes, when \_\_\_\_\_  
Have you every applied for a position with the Chagrin Falls Schools? \_\_\_\_\_ If yes, when \_\_\_\_\_  
Have you ever been dismissed from or refused reemployment in a teaching or administrative position? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have your every been convicted of a crime as an adult? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_



**CHAGRIN FALLS EXEMPTED VILLAGE SCHOOLS  
PRECONDITION TO EMPLOYMENT**

Should you come under final consideration for a position in the Chagrin Falls Exempted Village School District, Ohio Revised Code 3319.39 and Ohio House Bill 79 requires the District to conduct a criminal history record check and requires you to submit a set of electronic fingerprints to both the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation. (Applicant is responsible for the cost of all background record checks.)

Have you every pled “guilty” or “no contest”, or been convicted of a misdemeanor or felony violation of the laws of Ohio, any other state, or the United States? Include any expunged pleas or convictions Answer by signing your name below at the appropriate answer. (If you answer is “Yes” this question, please explain on a separate sheet, each misdemeanor or felony plea or conviction, including, but not limited to, the nature of the offense, the date of the plea or conviction and the state or Federal court which entered the plea or conviction.)

Yes \_\_\_\_\_

No \_\_\_\_\_

**READ CAREFULLY**

Pursuant to the same Ohio Revised Code 3319.39, employment by any public or chartered non public school in the State of Ohio is conditioned on the applicant satisfactorily passing the BCI and FBI criminal history record checks. Due to the length of time required for completion of any required/requested records check, it may occasionally be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the applicant information provided in the employment application. However, by signing this document below, I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from BCI/FBI, my employment shall be contingent upon subsequent receipt by the Board of Education of a report from BCI/FBI which is not inconsistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from BCI/FBI, and a subsequent report from BCI/FBI is received which is inconsistent with my answer to the above questions, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_