

**Western Reserve Local Schools  
Certified Employee Application**

**Return to:**

**The Office of the Superintendent  
Western Reserve Local Schools  
13850 Akron-Canfield Rd  
Berlin Center, OH 44401**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

Street& Number	City, state,	Zip
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**High School Attended:** \_\_\_\_\_ **City and State** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Colleges Attended:**

**Degree:**

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

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

**Undergraduate Major(s)**

**SH or QH:**

**Undergraduate Minor(s)**

**SH or QH**

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

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

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

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

**Student Teaching:**

**Co-Operating Teacher(s):**

**Subject/Grade**

**Final**

**Grade(s)**

**Schools,**

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

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

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

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

**CERTIFICATION**

Certification Held: \_\_\_\_\_ Teaching Area: \_\_\_\_\_

Certification or License Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**MILITARY SERVICE**  
(If none, please check here \_\_\_\_)

Branch: \_\_\_\_\_ Months of Active Duty: \_\_\_\_\_ Highest Ranking: \_\_\_\_\_

**TEACHING EXPERIENCE (Other than student teaching)**

Name of Building	School District	Name of Contact Person and Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NON-TEACHING EXPERINECE**

Company:	Address:	Phone:	Type of Work:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES**

If you have credentials on file, indicate the name and phone number of the Placement Office.

Office: \_\_\_\_\_ Phone :( ) \_\_\_\_\_

In addition, give four personal references below. (Two of which must be employers other than teaching).

Name:	Address:	Phone:	Position:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL**

List professional and service organizations to which you belong: \_\_\_\_\_

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

List extracurricular activities in which you have participated. Circle those which you are prepared to direct. \_\_\_\_\_

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

Please describe any physical or mental health condition(s) that may prevent you from performing one or more major functions of the positions sought including the ability to maintain satisfactory attendance record. List any reasonable accommodations you require. \_\_\_\_\_

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

Please provide the number of work days missed over the past two years. At your option, you may include the reason for the absence(s). \_\_\_\_\_

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

In What area do you prefer to teach? \_\_\_\_\_ your last salary: \_\_\_\_\_

Do you agree to abide by the necessary rules and regulations of the Western Reserve Local Board of Educations? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTICE TO ALL APPLICANTS: The Western Reserve Local Board of Education is an equal opportunity employer. ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER R.C 2921.13, A MISDEMEANOR OF THE FIRST DEGREE.**

**OFFICE USE**

Application received date: \_\_\_\_\_ Time: \_\_\_\_\_ Transcript: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Interviewed: \_\_\_\_\_ Date if Hired: \_\_\_\_\_

BCI/FBI: \_\_\_\_\_ Copy of Certification/license: \_\_\_\_\_ Yes \_\_\_\_\_ No

Revised 11/2/21