

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

Position Desired: \_\_\_\_\_

Areas of Cert./Licensure \_\_\_\_\_

**MADISON LOCAL SCHOOLS**  
**1379 Grace Street**  
**Mansfield, Ohio 44905**

**ADMINISTRATIVE APPLICATION**

1. Name \_\_\_\_\_

2. Present Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Permanent Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Have you ever been convicted of something other than a minor traffic violation? If yes, please explain.

\_\_\_\_\_

5. At the time of making application, are you under contract for the present school term? If so, when does this contract expire? \_\_\_\_\_

6. (a.) Have you ever been employed under a continuing contract? \_\_\_\_\_  
If yes, where and when?

(b.) Have you ever been dismissed as a teacher or administrator? \_\_\_\_\_

(c.) Have you ever been asked to resign as a teacher or administrator? \_\_\_\_\_

(d.) Have you ever been refused re-employment as a teacher or administrator? \_\_\_\_\_  
If yes, where and when? \_\_\_\_\_

(e.) Are you presently under investigation at your current job or under a procedure to consider you for discharge? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List valid certificates/licenses that you now hold:

Cert./License type	Expiration Date	Areas Listed On Cert./Licensure
_____	_____	_____
_____	_____	_____

8. Are you willing to attend school activities and supportive organization meetings on a regular basis? \_\_\_\_\_

9. **ACADEMIC PROGRAM:** Please list all secondary schools, colleges, and universities attended:

School/College	Dates Attended		Degrees, if any
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____

10. **MILITARY RECORD:**

Branch of Service \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

11. **RECORD OF EMPLOYMENT:** (Arrange chronologically with most recent position listed first)

Position	Dates of Employment	Employer	Employer's Address-Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Other years of experience prior to graduate school: \_\_\_\_\_

\_\_\_\_\_

13. REFERENCES: (Include at least two personal references and two professional references.)

Name	Address	Telephone Number	Length of Time Known	Nature of Association

14. List any pertinent information that was not covered by this application; e.g., special achievements or honors, awards of distinction, long-range goals, etc. Is there further information which you believe would be relative to your application? If so, please explain using additional paper if necessary\_\_\_\_\_

***Certification:***

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check is required prior to my employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to Madison Local Schools Administrative Office that holds the vacancy for which I am applying and to the appropriate officials for recruitment purposes. I also consent that Madison Local Schools may contact any/or all of the references I have submitted on this application for employment purposes. The Madison Local Schools are committed to a policy of nondiscrimination in relation to race, sex, religion, age, handicap, or national origin.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date