

RIPLEY-OHIO-DEARBORN SPECIAL EDUCATION COOPERATIVE  
 925 N. MERIDIAN ST., SUITE 100  
 SUNMAN, INDIANA 47041

\_\_\_\_ Full Time  
 \_\_\_\_ Part Time  
 \_\_\_\_ Substitute

PHONE: 812-623-2212  
 FAX: 812-623-315  
 RODSE@ETCZONE.COM

OFFICE USE ONLY	
FILE	
INDEX	
STATUS	
BY	
REPLY	
AVAILABLE	

APPLICATION OF \_\_\_\_\_ DATE \_\_\_\_\_  
 Last First Middle Initial

FOR A POSITION AS \_\_\_\_\_

IF QUALIFIED IN SEVERAL GRADES OR SUBJECT AREAS, INDICATE PREFERENCES.

(2nd ) \_\_\_\_\_ (3rd.) \_\_\_\_\_

PERMANENT ADDRESS

STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 AREA \_\_\_\_\_ HOME PHONE \_\_\_\_\_ AREA \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

TEMPORARY ADDRESS

STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 AREA \_\_\_\_\_ HOME PHONE \_\_\_\_\_ AREA \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

NO PERSON SHALL ON THE BASIS OF AGE, RACE, COLOR, RELIGION, SEX, HANDICAPPING CONDITIONS, OR NATIONAL ORIGIN, INCLUDING LIMITED ENGLISH PROFICIENCY, BE EXCLUDED FROM PARTICIPATION IN, DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION IN EMPLOYMENT, OR RECRUITMENT, CONSIDERATION, OR SELECTION. INFORMATION REQUESTED IS USED ONLY TO DETERMINE THE APPLICANT'S ABILITY TO MEET JOB CRITERIA AND PERFORM SATISFACTORILY.

WHEN CAN YOU BEGIN? \_\_\_\_\_

IS THIS YOUR FIRST APPLICATION WITH THIS DISTRICT?  
 \_\_\_\_ NO \_\_\_\_ YES IF NO, DATE \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY THIS DISTRICT?  
 \_\_\_\_ NO \_\_\_\_ YES DATES: From \_\_\_\_\_ To \_\_\_\_\_

**TEACHING EXPERIENCE:** LIST MOST RECENT POSITION FIRST USE SEPARATE SHEET IF NEEDED.

(ENTER STUDENT TEACHING EXPERIENCE IN FIRST SPACE IF YOU HAVE NEVER TAUGHT.) TOTAL YEARS EXPERIENCE \_\_\_\_\_

Dates from Mo. Yr.	No. of Months or Yrs	School Name & Address	Phone	Duties: subject/grade taught, extra-curricular
to	Yrs Mos			

Name of Principal \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates from Mo. Yr.	No. of Months or Yrs	School Name & Address	Phone	Duties: subject/grade taught, extra-curricular
to	Yrs Mos			

Name of Principal \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates from Mo. Yr.	No. of Months or Yrs	School Name & Address	Phone	Duties: subject/grade taught, extra-curricular
to	Yrs Mos			

Name of Principal \_\_\_\_\_ Reason for leaving \_\_\_\_\_

NAME  
 LAST





DIRECTIONS: Please respond in your own handwriting to the following questions or statements. Use only the space provided.

1. What do you want to accomplish as a teacher?

2. How do you determine student attitudes and feelings about your class?

3. An experienced teacher offers you the following advice: "When you are teaching be sure to command the respect of your students and all will go well." Please respond.

4. How do you decide what to teach in your class?

5. What do you think provides the greatest pleasure in teaching?

6. How do you determine students' strengths and interests?

REFERENCES

GIVE COMPLETE INFORMATION

COLLEGE CREDENTIALS

IS YOUR CREDENTIAL FILE CURRENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU REQUESTED THAT IT BE FORWARDED TO US? \_\_\_\_\_ YES \_\_\_\_\_ NO

COLLEGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROFESSIONAL REFERENCE  
(DO NOT REPEAT NAMES GIVEN ON FRONT OF APPLICATION)

SUPERINTENDENT OR COLLEGE DEAN OR OFFICER THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS. FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU GIVEN HIM/HER A REFERENCE FORM? \_\_\_\_\_ YES \_\_\_\_\_ NO

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROFESSIONAL REFERENCE

DEPARTMENT CHAIRMAN OR COOPERATING TEACHER OR OTHER ADMINISTRATOR THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS. FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU GIVEN HIM/HER A REFERENCE FORM? \_\_\_\_\_ YES \_\_\_\_\_ NO

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROFESSIONAL REFERENCE

REGULAR SUPERVISOR OR STUDENT TEACHING SUPERVISOR OR OTHER ADMINISTRATOR THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS. FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU GIVEN HIM/HER A REFERENCE FORM? \_\_\_\_\_ YES \_\_\_\_\_ NO

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL REFERENCE

YOUR CHOICE THIS PERSON HAS KNOWN ME \_\_\_\_\_ YRS. FROM \_\_\_\_\_ TO \_\_\_\_\_

HIS/HER OCCUPATION \_\_\_\_\_

STATE RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. It is understood that this application becomes the property of the Sunman-Deaerborn School Corporation. References and personal information which become part of this record are to be regarded as confidential and shall not be revealed to me.

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

**AUTHORIZATION AND RELEASE**

(1) Are you presently being investigated or are you under a procedure to consider your discharge for misconduct by your present employer and have you offered a resignation to your previous employer?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(2) Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(3) Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of your sexual contact with another person, of mishandling funds, or of criminal conduct resulting in a conviction or criminal penalty? \_\_\_\_\_ Yes      \_\_\_\_\_ No

(4) Have you ever pleaded guilty or "no contest" to, or been convicted of any crime of moral turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society in general and which are contrary to the accepted rule of right and duty between person, including, but not limited to: theft, attempted theft, murder, rape, swindling and indecency with a minor.) \_\_\_\_\_ Yes      \_\_\_\_\_ No

(5) Have you ever been convicted of a crime, other than a minor traffic offense, or ever entered a plea of guilty or a plea of "no contest", or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If you answered yes to any of the previous questions, please explain, in detail, (including the date of the charge, the court action, the offense in question, and the address of the court involved) on a separate sheet and attach to this application.

Conviction of a crime is not an automatic bar of employment. The Ripley-Ohio-Dearborn Special Education Cooperative will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying. Any false or misleading information in the application, or any omissions of information, shall be sufficient grounds to refuse to employ, or having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any private or public employer or any state, local or federal agency. I further authorize those persons, agencies or entities that Ripley-Ohio-Dearborn Special Education Cooperative contacts in connection with my employment application to fully provide Ripley-Ohio-Dearborn Special Education Cooperative any information on the matters set forth above. I expressly waive in connection with any request for a provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Ripley-Ohio-Dearborn Special Education Cooperative its agents and officials or against any provider of such information.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's printed name

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