

FELICITY-FRANKLIN LOCAL SCHOOL DISTRICT

www.felicityfranklinschools.org

415 Washington Street
P.O. Box 839
Felicity, Ohio 45120-0839

(513) 876-2113

"If a nation expects to be both ignorant and free, in a state of civilization, then it expects what never was and never will be." ~ Thomas Jefferson



PROFESSIONAL APPLICATION

Name _____

Position Desired _____

Date _____

Felicity-Franklin Local School does not discriminate in its employment practices, services and programs because of race, color, sex, religion, national origin, age or handicap. This application will be kept on file for one year from date of application.

PERSONAL INFORMATION

Social Security Number		Phone Number		Date of Application	
Name (Last, First, Middle)					
Give name that appears on college transcript or certificates if different than above					
Address		City	State	Zip Code	
Permanent Address (if different)		City	State	Zip Code	Phone Number

EDUCATION

College	Major/Minor
Address	Degree Total Hours: ___ Sem ___ Qtr
College	Major/Minor
Address	Degree Total Hours: ___ Sem ___ Qtr
College	Major/Minor
Address	Degree Total Hours: ___ Sem ___ Qtr
College (Degree in Progress)	Major/Minor
Address	Subject
Credit Hours Attained	G.P.A.
Credit Hours Needed Total College Hours ___ Sem ___ Qtr	

Do you hold a valid Teaching Certificate?

Type	Number	Date Issued	State

PERSONAL DATA

- Do you have any health problems that would interfere with your ability to perform the job for which you are applying? _____
If yes, explain. _____
- Would you be willing to work the schedule you are assigned? _____
- Are you legally authorized to work in the United States? _____
- Have you filed an application with this district before? _____
If yes, when? _____
- Have you ever been discharged from a position? _____
If yes, explain. _____
- Have you ever been convicted of a felony? _____
If yes, explain. _____

POSITION DESIRED

Level	First Choice grade or subject	Second Choice grade or subject
Elementary		
Secondary		

