

EDINBURGH COMMUNITY SCHOOL CORPORATION
202 South Keeley Street
Edinburgh, Indiana 46124

TEACHER APPLICATION FORM

Regular _____

Substitute _____

File _____

Elementary _____

Jr./Sr. High School _____

Major _____

Minor _____

NONDISCRIMINATION

It is the policy of the Edinburgh Community School Corporation not to discriminate on the basis of race, color, religion, sex, national origin, age or disability, in its educational programs or employment policies as required by the Indiana Civil Rights Act, 1971, Public Law 218, 1971, Titles VI & VII, 1964, Title IX (1972 Education Amendments), Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA).

PERSONAL DATA

Date _____

Name _____
Last First Middle

Present Address _____
Number and Street City State Zip

Present Telephone Number _____ Until _____
Area Code Number Date

Home Address _____
Number and Street City State Zip

Home Telephone Number _____
Area Code Number

List Hobbies, Special Interests, Positions of leadership in community organizations _____

TEACHING AREAS AND PREFERENCES

List grades and/or subjects qualified to teach in order of preference.

1st _____

2nd _____

3rd _____

Comments: _____

Special Education (list area) _____

Coaching (list sports) _____

Other (list) _____

CERTIFICATION

Type of Indiana License or Certificate	Grades and Subjects Covered	Date of Issue	Date of Expiration

Social Security Number _____ Indiana Teacher Retirement Number _____

License held in another State _____

Date of Issue _____ Date of Expiration _____

Earliest Date Available for Employment _____

Note: Candidates for Secondary Positions must meet North Central Association Requirements

Note: Candidates who have graduated from out-of-state colleges and universities should have teaching credentials evaluated by the Licensing Division, State Department of Public Instruction, State House, Indianapolis, IN 47204.

PROFESSIONAL PREPARATION

Name of high school _____ City and State _____

Colleges Attended _____ Date of graduation from high school _____

Name, City and State	Dates Attended	Hours of Credit	Degree Kind	Conferred Date

Total number of semester hours beyond the bachelor's degree _____

Total number of semester hours beyond the master's degree _____

List Majors and Minors _____

Credits on file at _____ **File Number** _____

TEACHING EXPERIENCE

Supervised Teaching (Beginning Teachers Only)

Name of School, Address and Phone Number	Name of Supervising Teacher	Grade or Subject

Regular Teaching

Name of School, Address and Phone Number	Dates From – To	Number of School Years	Grade or Subjects

Summary of Years of Regular Teaching Experience

Elementary _____ Middle _____ Jr. High School _____ High School _____ College _____ Total _____

MILITARY SERVICE

Active Military Service	Branch of Service	Dates From – To	Type of Discharge	Total Military Time Years – Months

OTHER WORK EXPERIENCE

Type of Position	Employer	Address	Dates of Employment

REFERENCES

List names of persons familiar with (a) your teaching ability, (b) your community service, (c) your scholastic record, and (d) your character.

Name	Phone Number	Address	Position

APPLICANT'S STATEMENT

Give any information not covered in the application which you may wish to present.

NOTES BY INTERVIEWER

Interviewer	Date
References Check	

Please return this application to:

Edinburgh Community School Corporation
202 S. Keeley St, Edinburgh, IN 46124
812-526-2681