DELPHOS CITY SCHOOLS

An Equal Opportunity Employer 901 Wildcat Lane Delphos, Ohio 45833

Date				
Name				
Last	First	Middle		
Permanent Address		Telephone		
Present Address		(area code) Telephone		
Position Applied For:				
Co-Curricular activities tha	t you can direct			
*******	******	*******	*****	
Certification		Check Type Applicable:		
State Certificate/License Expires		4 Year Provi 5 Year Profe		
Continuato, Electise	-	8 Year Professional	SSIOILLI	
	_	Provisional Special		
	_	Other	(Specify)	
Grades or Subjects on	Certificate			
Date of Availability	te of Availability Are you under Contract?		tract?	
********	********	********	*******	
TEACHING EXPERIENCE – Total years		Year is a minimum	of 120 days	
School	Dates	Grades or Subjects A	Administrator	
Military Service		Total Yea	nrs	

WORKING EXPERIENCE OTHER THAN TEACHING (RECENT)

Firm or Institution		Location	D	ates
1				
2				
3				
PROFESSIONAL TI	RAINING			
Nar	ne and Location	Major-Minor	Dates	Degree
High School				
University or College				
Graduate Work				
Student Teaching- School District		ades/ ojects	Supervis Teacher	ing
		ons who have first s scholarship and te		
Name	Address	Phone	Position	
1				
2				
3				
Address of Placement	Office where current	credentials may be obta	ained.	_

You may attach a separate sheet giving any additional information which would help evaluate you for this position.

This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. Mail your application to the address indicated on the front side of this application.

A personal interview with the School District Superintendent is required. Applicants will be notified of the proper time to appear for interviews.

If you are employed, it will be necessary for you to furnish the School District that employs you an original transcript and your original certificate.

CERTIFICATION OF APPLICANT: I hereby authorize Delphos City Schools to obtain from my former employers all data needed to support this application. I hereby authorize Delphos City Schools to obtain from the references listed above any information needed to support this application.

I certify that the information given in this application is true to the best of my knowledge, and that I am or will be certified to teach all subjects and grades listed.

Signature of Applicant	Date

Delphos City Schools

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<u>DELPHOS CITY SCHOOLS</u>

<u>TEACHER APPLICATION SUPPLEMENT</u>

(Must be completed and returned with application)

Date		
Date		

Last Name	First	Middle
Area(s) of Certification	on	
		estions given below as best you can. The re space is needed please attach additional
1. What do you want	to accomplish as a teach	ner?
2. How will (do) you your class?	go finding out about stu	idents' attitudes and feelings about
teaching be sure to		ne following advice: "When you are f your students immediately and nis?
4. How do you go ab	out deciding what it is th	nat should be taught in your class?
-	you and complains that nild's needs. How would	what you are teaching his child is I you respond?

6.	What do you think will (does) provide you the greatest pleasure in teaching?
7.	When you have some free time, what do you enjoy doing the most?
8.	How do you go about finding what students are good at?
9.	Would you rather try a lot of way-out teaching strategies or would you rather try to perfect the approaches which work best for you? Explain your position.
10	. Do you like to teach with an overall plan in mind for the year, or would you rather just teach some interesting things and let the process determine the results? Explain your position.
11	. A student is doing poorly in your class. You talk to her, and she tells you that she considers you to be the poorest teacher she has ever met. What would you do?