

**FAIRBANKS LOCAL SCHOOL DISTRICT**  
**11158 STATE ROUTE 38**  
**MILFORD CENTER OH 43045-9725**  
**(937) 349-3731**

**The Fairbanks Board of Education will not discriminate on the basis of religion, race, color, national origin, sex, disability, current or potential marital or parental status, or age.**

Date \_\_\_\_\_ TEACHING APPLICATION FOR 20\_\_\_\_ - 20\_\_\_\_\_

Name \_\_\_\_\_  
Last Middle First

Present Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(To assist us in maintaining contact with you during the period of application, please complete the following. This information is optional.)

Name of Spouse \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Parent \_\_\_\_\_ Phone \_\_\_\_\_

Parental Address \_\_\_\_\_

I am applying for the position: \_\_\_\_\_  
Teaching Field or Area of Certification

My grade level or subject preferences are:

Elementary (Grade)	Middle School (Subject)	High School (Subject)
1 <sup>st</sup> Choice _____	1 <sup>st</sup> Choice _____	1 <sup>st</sup> Choice _____
2 <sup>nd</sup> Choice _____	2 <sup>nd</sup> Choice _____	2 <sup>nd</sup> Choice _____

My Ohio Certificate Number is \_\_\_\_\_

The subjects listed on my certificate are \_\_\_\_\_  
\_\_\_\_\_

Check grade and type of certificate(s) you hold, or will hold.

_____ Temporary	_____ PK-3	_____ Supervisor
_____ 2 Year Provisional	_____ 4-9 Middle Childhood	_____ Counselor
_____ 5 Year License	_____ Elementary 1-8	_____ Psychologist
_____ Permanent	_____ High School 7-12	_____ Vocational
_____ Alternative	_____ Special K-12 _____	_____ Other
_____ 4 yr. Resident Educator	_____ Administration	

Have you in the past or do you now hold a continuing contract? \_\_\_\_\_YES \_\_\_\_\_NO

If the answer of the above is yes, give date and school where contract was issued. \_\_\_\_\_

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My training is as follows:

University and Location	Degree/Year	Major/Minor	Under Grad. Sem. Hours	Graduate Sem. Hours
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I completed my student teaching experience at:

School	City	Grade/Subject	Date
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Some highlights of my student teaching experience that I want to share:

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My teaching experience consists of:

No. Years	Dates: From/To	Grade/ Subject	School Name	Address/Zip	Principal
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I would be willing to direct or assist with the following extra curricular or coaching areas:

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Some highlights of my teaching experience that I would like you to know:

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Other work experiences which I believe have been valuable to my career are:

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THIS SECTION IS DESIGNED TO PROVIDE YOU WITH AN OPPORTUNITY TO SHARE SOME OF YOUR EXPERIENCES AND THOUGHTS ABOUT TEACHING.

Please respond to each item giving brief candid responses.

What I most want to accomplish as a teacher:

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The way I find out about how students feel about my class:

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The way I go about building that relationship (described above):

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The way I go about deciding what should be taught in my class:

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What I would do if a parent came to me and complained that what I am teaching his child is irrelevant to the child's needs:

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My greatest pleasure in teaching: \_\_\_\_\_

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What I do to improve my teaching: \_\_\_\_\_

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How I go about finding out what students are good at:

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What I consider to be my most effective teaching approaches and techniques:

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The way I go about organizing my work:

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What I would do if a student who is doing poorly in my class responds to my expression of concern by saying that she/he considers me to be one of the poorest teachers she/he has ever had: \_\_\_\_\_

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The most important things I do to maintain discipline in my classroom:

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What I would most want to do in life if there were absolutely no restrictions placed upon me:

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

\_\_\_\_\_  
Date

Mail application to:

Fairbanks Local Board of Education  
11158 State Route 38  
Milford Center, Ohio 43045

Note:

Applications for **substitute** teaching must be made to :  
Educational Service Center of Central Ohio (ESCCO)  
4565 Columbus Pike  
Delaware, Ohio 43015  
(740) 548-7880 opt. 3 (Kathy Williams)