Candidate's Statement: All teaching or administration applicants are required to respond to the following questions.

Please answer each question concisely by stating how you feel. It is your opinion and what you believe that is important. Please use plain $8\frac{1}{2} \times 11$ inch paper and put your name on each sheet.

- 1. Why did you want to become a teacher (or administrator)?
- 2. Do you believe that teaching (or education) is more important than other professions? Why?
- 3. What aspects of teaching (or administrating) are most rewarding to you?
- 4. With what kind of student do you like to work? What type of student do you believe you could teach (or administer to) most effectively?
- 5. Please describe your teaching (or administrative) style.
- 6. Explain why you have applied to the Wellington Schools and what can be expected of your professional performance if you are offered a position.

UNLESS EMPLOYED OR OTHERWISE NOTIFIED, THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR

Do NOT send your credentials unless requested. If employed, evidence of a tuberculosis test or x-ray, a recent photograph, confirmation of prior work experience and/or military experience, confirmation of course work in Bloodborne Pathogens and Recognizing & Reporting Child Abuse, and employment eligibility verification (proof of U.S. citizenship or eligibility for U.S. employment as per Immigration Reform and Control Act of 1986) will be required.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The Wellington Schools do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

(Board Approved - April 19, 2016)

The Wellington Schools

Wellington Exempted Village School District

305 Union Street

Wellington, OH 44090 Phone: 440.647.4286

FAX: 440.647.4806 Treasurer's FAX: 440.647.7305

www.wellington.k12.oh.us

FOR OFFICE USE ONLY

PROFESSIONAL STAFF APPLICATION

NT		GG II					
Name: Last Present Address:	First	Middle SS#:					
Number	Street	City	State	Zip Code			
Permanent Address:							
Number	Street	City	State	Zip Code			
Present Phone Numbe	er: ()	Date of Birth	Date of Birth:				
Position desired: Early Childhood (gr. PK-3) Elementary Middle Childhood (gr. 4-9) Junior High Senior High Counselor		Art Music Physical Education Special Education	Administrator Full-time teaching Part-time teaching Substitute teaching Tutor Special Needs Paraprofessional				
Crada ar arbiast rust							
	ilable to begin serv	vice?					
When will you be ava		ool vear?					
When will you be ava Are you under contra							
		Туре	Expiration	Date			

Educatio Institutio		have not g		list anticipa Grad	ited date and luated (or, nu			De	egrees held
Student t District	eaching e	xperience:		Building				Subject	
Contract District	teaching/	administra	ative exper	ience: (List Building	t most rece	nt first) Subject/G	rade		Date
Reason f	or leaving	last or pro	esent positi	on					
Have you	ı held a co	ontinuing c	ontract?	Yes	No	Location	1		
Check ho	ves helow	to indicat	e anv extra	a curricular	activity ex	nerience			
Extra Curricular Activity	High School Exp.	College Exp.	Contract Exp.	No Exp will try	Extra Curricular Activity	High School Exp.	College Exp.	Contract Exp.	No Exp will try
Football					Intramural Athletics				
Basketball					Athletic Director				
Baseball					Skiing		1		
oftball Track		_			Drama Yearbook		1		
rack					Newspaper				
ountry					Томорары				
/restling					Class Advisor				
Golf					Student Council				
ennis ennis					Honor Society				
/olleyball					Drug Free Schools				
Soccer					Choir				
	1			İ	Swimming	1	1	1	
Cheerleading Flag Corp.					Hockey				

Employer	Address	Position	Full/Part Time
List administrators un	der whom you have work	ed:	
Name	Position	Address and telephone	
Personal references:			
Name	Relationship	Address and telephone	