

The Wellington Schools

FOR OFFICE USE ONLY

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 1/2 x 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.

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

Date received _____
Application updated _____
Application updated _____
Interviewed _____
Interviewed _____

PROFESSIONAL STAFF APPLICATION

(Please type or print responses) Current employee of the Wellington Board of Education _____

Name: _____ SS#: _____
Last First Middle

Present Address: _____
Number Street City State Zip Code

Permanent Address: _____
Number Street City State Zip Code

Present Phone Number: () _____ Date of Birth: _____

Position desired:

_____ Early Childhood (gr. PK-3)	Special teacher in:	_____ Administrator
_____ Elementary	_____ Art	_____ Full-time teaching
_____ Middle Childhood (gr. 4-9)	_____ Music	_____ Part-time teaching
_____ Junior High	_____ Physical Education	_____ Substitute teaching
_____ Senior High	_____ Special Education	_____ Tutor
_____ Counselor	_____ Media Specialist	_____ Special Needs Paraprofessional

Grade or subject preference: _____

When will you be available to begin service? _____

Are you under contract for the next school year? _____

Ohio certificates/licenses held:

Subject	Type	Expiration Date
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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.

