



**Gallia County Local Schools**  
230 Shawnee Lane Gallipolis, Ohio 45631  
Phone (740) 446-7917 Fax (740) 446-3187  
<http://www.gallialocal.org>

Applicant,

I appreciate your interest in a position with the Gallia County Local School District.

In order for your file for employment to be complete, the following documents are needed:

\_\_\_\_\_ Application

\_\_\_\_\_ Resume

\_\_\_\_\_ Copy of teaching/administrative certification/licensure

\_\_\_\_\_ College Transcript(s)

\_\_\_\_\_ BCI & FBI Clearance (background check)

\_\_\_\_\_ NTE/PRAXIS II Scores

\_\_\_\_\_ Copy of TB Skin Test Card

Respectfully,

Charla C. Evans, Ed.D  
Superintendent

Gallia County Local Board of Education  
230 Shawnee Lane  
Gallipolis, OH 45631  
"An Equal Opportunity Employer"

TEACHER'S APPLICATION FOR APPOINTMENT

Date \_\_\_\_\_

TO THE APPLICANT:

This application will be placed on file for consideration when vacancies arise. It should be complete and accurate in every detail. Applicants must have a copy of their college placement file, transcript, and a copy of their certificate before they can be considered for a position. A personal interview is required before appointment will be made. Mail application to: Charla Evans, Gallia County Local Schools - 230 Shawnee Lane - Gallipolis, Ohio 45631. This application will be kept in our active files for a period of one year.

NAME \_\_\_\_\_  
Last First Middle Social Security Number

PRESENT ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(If this is a temporary address, indicate date you will leave)

PERMANENT ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
Street Number City, State, Zip

POSITION APPLIED FOR  
(Check Thus X)

SUBJECTS OR GRADES DESIRED

- \_\_\_\_\_ Kindergarten
- \_\_\_\_\_ Elementary – Grades 1-5
- \_\_\_\_\_ Middle School – Grades 6-8
- \_\_\_\_\_ High School – Grades 9-12
- \_\_\_\_\_ Administrative
- \_\_\_\_\_ Principal – Elementary
- \_\_\_\_\_ Principal – Secondary
- \_\_\_\_\_ Supervisory

List subjects or grades in order of teaching preference.  
Secondary applicants should list only subjects for which they are certified.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER'S COMMENTS

OFFICE RECORD  
(Not be filled by applicant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED \_\_\_\_\_  
DATE INTERVIEWED \_\_\_\_\_  
INTERVIEWED BY \_\_\_\_\_  
INQUIRIES SENT \_\_\_\_\_  
(Date)

## EDUCATIONAL AND PROFESSIONAL TRAINING

	School or Institution	Course	Diploma or Degree	Year of Graduation	Dates From	To	Total Years	Semester Hours
High School								
College or University								
Graduate Work								
Special								

What extra duty assignments (club, coaching, etc.) would you be willing to accept? Please indicate below in order of preference.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## STUDENT TEACHING

Name and Location of School or Institute	Grades or Subjects for Student Teaching	Dates From	To	Supervising Teacher





## EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)			
Name: (Print and type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)	Social Security Number		

**I hereby attest, under penalty of perjury, that I am (check a box):**

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_), or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

**I hereby attest, under penalty of perjury, the documents that I have presented as evidence of identify and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.**

Signature	Date(Month/Day/Year)
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PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	ZIP Code

### EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, **OR** examine one document from List B **and** from List C and check the appropriate boxes. Provide the *Document Identification Number and Expiration Date* for the document checked.

List A Documents that Establish Identify and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
1. United States Passports 2. Certificate of United States Citizenship 3. Certificate of Naturalization 4. Unexpired foreign passport with attached Employment Authorization 5. Alien Registration Card with photograph  <b>Document Identification</b> # _____  <b>Expiration Date (if any)</b> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State _____).  <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority). _____  <b>Document Identification</b> # _____  <b>Expiration Date (if any)</b> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment).  <input type="checkbox"/> 2. A birth certificate issued by State, county or municipal authority bearing a seal or other certification.  <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____  <b>Document Identification</b> # _____  <b>Expiration Date (if any)</b> _____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to \_\_\_\_\_ to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

## Employment Eligibility Verification

**NOTICE:**

Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

### Section 1. Instructions to Employee/preparer for completing this form

#### *Instructions for the employee.*

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited, or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number **or** Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section I. Also, employees whose names change after employment verification should report these changes to their employers.

All employees must sign and date the form.

#### *Instructions for the preparer of the form, if not the employee.*

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

### Section 2. Instructions to Employer for completing this form.

(For the purpose of completion of this form, the term "employer" applies to employers and those who recruit or refer for a fee.)

Employers must complete this section by examining evidence of identity and employment eligibility, and:

- Checking the appropriate box in List A **or** boxes in both Lists B and C;
- Recording the document identification number and expiration date (if any);
- Recording the type of form if not specifically identified in the list;
- Signing the certification section.

**NOTE: Employers are responsible for re-verifying employment eligibility of employees whose employment documents carry an expiration date.**

Copies of documentation presented by an individual for the purpose of establishing identity and employment eligibility may be copied and retained for the purpose of complying with the requirements of this form and no other purpose. Any copies of documentation made for this purpose should be maintained with this form.

Name changes of employees which occur after preparation of this form should be recorded on the form by lining through the old name, printing the new name and the reason (such as marriage), and dating and initialing the changes. Employers should not attempt to delete or erase the Id name in any fashion.

#### **RETENTION OF RECORDS.**

The complete form must be retained by the employer for:

- Three years after the date of hiring; or
- One year after the date the employment is terminated, whichever is first.

Employers may photocopy or reprint this form as necessary

