

**VAN WERT CITY SCHOOLS
APPLICATION FOR TEACHING**

Date _____

Teaching position you are applying for:

Co-curricular position you are applying for:

Mail completed application to: Van Wert City Schools
S. F. Goedde Building
205 W. Crawford St.
Van Wert, OH 45891

Name _____ Social Security # _____

Home Phone _____ Cell Phone _____ Work Phone _____

Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

EDUCATION

High School Attended _____

Colleges or Universities Attended:

1. _____ Years _____ Degree _____

2. _____ Years _____ Degree _____

3. _____ Years _____ Degree _____

Major Area _____ Semester Hours _____

Minor Area _____ Semester Hours _____

Type of Certificate _____ Subject Areas _____

TEACHING EXPERIENCE

School and Location _____ Dates _____

_____ Dates _____

_____ Dates _____

Please list any co-curricular activities that you feel qualified to direct:

List college activities engaged in:

List the two most important things that, in your opinion, are carried out in a school:

References: People who can supply information concerning your fitness for the teaching position you desire. Please include address, phone number, and occupation.

Please add any information that you believe will be of assistance in arriving at a true estimate of your qualifications.

The Van Wert City School District hereby gives notice that it does not discriminate on the basis of race, color, national origin, sex, political affiliation, or disability in the educational programs and activities operated by the district nor in its employment practices.