



**PROFESSIONAL EXPERIENCE:**

SCHOOL & LOCATION	DISTRICT	POSITION	DATES OF EMPLOYMENT	# YEARS	SUPERVISOR

**NON-TEACHING WORK EXPERIENCE:**

BUSINESS	LOCATION	KIND OF WORK PERFORMED	LENGTH OF SERVICE

**MILITARY RECORD:**

Branch of Service \_\_\_\_\_ From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  
 Present Military Affiliation    ( ) None    ( ) Reserve (Active)    ( ) Reserve (Inactive)

**ACADEMIC AND PROFESSIONAL PREPARATION:**

List High Schools, Colleges, and Universities	Location: City and State	Degree Granted	Major & Hours	Minor & Hours

(Quarter hours are reduced by 2/3 to equal semester hours) . . . TOTAL SEMESTER HOURS \_\_\_\_\_

**PROFESSIONAL REFERENCES:** List at least **THREE** professional references (people who have worked with you).

A. Professional References (List most recent first)

Name	School/Business	Position	Address	Phone
1.				
2.				
3.				

List scholarships, honors, awards received: \_\_\_\_\_  
 \_\_\_\_\_

Travel, recreational interests, hobbies, etc. which may be pertinent to the job for which you are applying  
 \_\_\_\_\_

List leadership positions held \_\_\_\_\_  
 \_\_\_\_\_

In what professional organizations do you have membership? \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES:** List at least **TWO** personal references.

B. Personal References

Name	Street, City, State, Zip	Position or Occupation	Phone
1.			
2.			

---

**DIRECTIONS:** In your own handwriting, please answer the following questions.

1. What are your guiding principles and how are these principles reflected in your day-to-day work?

---

---

---

---

---

---

---

---

---

---

2. What administrative experiences have prepared you for the position you are applying for with Lebanon City Schools?

---

---

---

---

---

---

---

---

---

---

3. Please describe two challenges you have encountered in your work and explain the lessons learned in working through them.

---

---

---

---

---

---

---

---

---

---

4. What do you consider to be two (2) significant successes you have achieved during your career? Discuss challenges you believe school district administration will need to address in the next five years.

---

---

---

---

---

---

---

---

---

---

5. Describe the qualities of an effective teacher. Describe the qualities of an effective Principal.

---

---

---

---

---

---

---

---

Have you ever been convicted for other than a minor traffic violation? If yes, please provide details. ( ) Yes ( ) No

---

---

Have you ever been terminated, non-renewed, or asked to resign from a previously held position? If yes, please provide details. ( ) Yes ( ) No \_\_\_\_\_

---

Are you authorized to be employed in the United States in compliance with applicable citizenship or immigration requirements? ( ) Yes ( ) No

I certify that the information that I have supplied on this application is accurate to the best of my knowledge. I further grant permission to the Lebanon City Schools to make inquiries about my professional qualifications for the position(s) I am seeking. I voluntarily give Lebanon City Schools Board of Education permission to make a thorough investigation of my past educational training and employment. I release from all liability or responsibility all persons, companies or universities/schools supplying information about me. The Board of Education also has permission to conduct an inquiry of criminal conviction records. I also understand that as a part of the Board of Education employment procedures, all applicants will be required to undergo a post offer, pre-employment drug/alcohol screening. I understand that a personal interview is required prior to employment. I understand that falsification of information on this application shall be grounds for non-consideration or dismissal.

\_\_\_\_\_  
Date

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

**BEFORE FINAL CONSIDERATION FOR EMPLOYMENT, THE CANDIDATE MUST HAVE ON FILE IN THE HUMAN RESOURCE DEPARTMENT A COMPLETE EMPLOYMENT APPLICATION, TRANSCRIPT OF COLLEGE CREDITS, PLACEMENT REFERENCES, EVIDENCE OF CERTIFICATION, COMPLETION OF THE ONLINE TEACHER INSIGHT INTERVIEW (SEE ATTACHED INSTRUCTIONS) AND A COMPLETED NETWORK USER AGREEMENT (ATTACHED).**

**NOTE: THIS APPLICATION WILL REMAIN IN THE ACTIVE FILE FOR ONE YEAR UNLESS THE HUMAN RESOURCES OFFICE IS OTHERWISE NOTIFIED BY YOU. IF YOU WISH IT TO REMAIN ACTIVE THEREAFTER, PLEASE NOTIFY US. THE APPLICANT IS RESPONSIBLE TO INFORM LEBANON CITY SCHOOLS OF CHANGES OF INFORMATION.**

**THIS DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT PRACTICES ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, MILITARY STATUS, SEX, DISABILITY, AGE OR RELIGION. A CRIMINAL RECORDS CHECK AND SET OF FINGERPRINT IMPRESSIONS IS A PRECONDITION TO EMPLOYMENT IN THE DISTRICT.**



**Lebanon City Schools**  
**700 Holbrook Avenue, Lebanon, Ohio 45036-1648**  
**Phone (513) 934-5770 - Fax (513) 932-5906**

---

## **Instructions for TeacherInsight Interview**

We would like to invite you to take the TeacherInsight on-line survey. This multiple choice interview will tell us more about your beliefs and attitudes about teaching and learning. Please follow these simple steps:

1. Go to this website to take the interview:  
<https://gx.gallup.com/teacherinsight.gx>
2. Enter our district code **3782**.
3. Enter your Social Security Number.
4. Begin the assessment.
5. The questions are timed. Once you move on from a question, you are not allowed to go back.
6. The entire assessment takes approximately ½ hour.
7. Your score will be sent to our office.



**LEBANON CITY SCHOOLS**  
**Employee Network and Internet Acceptable Use and Safety Agreement**

The primary purpose of the network is to provide resources to enhance and support educational instruction through the collaboration and exchange of information. Use of the Internet is a privilege not a right. The District's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use may result in disciplinary action and/or termination. It is widely known that the internet has resources available that are inappropriate for a school setting. To ensure proper use of the district and/or voice-video-data network resources, the following rules and regulations apply to all staff members:

- A. The use of the network is a privilege which may be revoked by the district at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of the system software, the placing of unauthorized information, accessing materials which are inappropriate for the school setting, computer viruses or harmful programs on or through the computer system in either public or private files or messages.
- B. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the district. Misuses shall include, but not be limited to:
  - (1) misrepresenting other users on the network;
  - (2) disrupting the operation of the network through abuse of the hardware or software;
  - (3) malicious use of the network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks;
  - (4) interfering with others' use of the network;
  - (5) illegal installation, copying, or use of licensed copyrighted software.
- C. Employees will be liable to pay the cost or fee of any file, shareware, or software transferred, whether intentional or accidental, without written permission of the District Technology Director, Written request forms are available in the office.
- D. Employees accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right to monitor, review, and inspect any directories, files, and/or messages residing on or sent using the school district's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

I have read, understand and agree to abide by the network resource rules and regulations. Should I commit any violation or in any way abuse or misuse my access privilege on the computer network, I understand and agree that my access privilege may be revoked and disciplinary action, up to and including termination of employment, may be taken against me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Last Four of Social Security #

\_\_\_\_\_  
Printed Name of Employee