BROWN COUNTY SCHOOLS

EASTERN LOCAL SCHOOL DISTRICT APPLICATION

Name:								
Address:								
Social Security Nu	mber:	F	Phone:					
	FOR POS	ITION AS TE	ACHER OF					
(INDICATE GI	RADES, OR IF HIGI	H SCHOOL, SUBJE	ECTS IN ORDE	R OF PREFERENCE)				
(LIST TYF	PE OF CERTIFICAT	E OR LICENSE H	ELD AND EXPI	RATION DATE)				
(SUE	BJECT AREAS LIST	ED ON YOUR CEI	RTIFICATE OR	LICENSE)				
EDUCATION								
Schools Attended	Dates	Sem.Hrs.	Degree	Major				

RETURN TO

Michele Filon, Superintendent EASTERN LOCAL SCHOOL DISTRICT 11479 US Highway 62 Winchester, Ohio 45697

PHONE: (937) 695-9030 OR (937) 695-9913)

EXPERIENCE

NAME OF SCHOOL & I TAUGHT	LOCATION	DATES	NO.MONTHS	SUBJECTS
REFERENCES				
NAME	ADDRESS		PHONE	OCCUPATION
LIST COLLEGE ACT	TWITIES AND HON	NODS DECEI	(VED	
Have you ever been co				
	Please check	:	yes	no
INTERVIEW	T. L. C		6:	
	To be filled o		of interview	
			_	
Signature of Applicant			Date	