



Summit Academy Management

175 Montrose West Avenue - Copley, OH 44321

Phone: (330) 670-8470 Fax: (330) 670-8280 Web: www.summitacademies.com

SUMMIT ACADEMY COMMUNITY SCHOOLS - APPLICATION

Location _____ [] Elementary [] Middle [] Secondary [] Administration
(City)

TODAY'S DATE: _____ POSITION APPLYING FOR: _____

HOURS DESIRED: TEMPORARY PART-TIME FULL-TIME

PERSONAL DATA

NAME: _____

LAST

FIRST

M.I.

ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE: () _____

ELIGIBLE TO WORK IN US? YES NO

CELL PHONE: () _____ (optional) Email Address: _____

EDUCATION

SCHOOL	NAME OF SCHOOL/CITY/STATE	NO. YRS ATTENDED	COURSE TAKEN	DEGREES ACQUIRED
HIGH SCHOOL				
COLLEGE/UNIV.				
BUSINESS OR TECHNICAL SCHOOL				
OTHER				

HAVE YOU EVER WORKED IN A SCHOOL? YES NO HOW DID YOU HEAR ABOUT SUMMIT ACADEMY? _____

HAVE YOU EVER WORKED FOR SUMMIT ACADEMY SCHOOLS? YES NO

HAVE YOU EVER BEEN CONVICTED OF, FOUND GUILTY OF, PLED GUILTY TO, OR PLED NO CONTEST TO ANY MISDEMEANOR OTHER THAN A TRAFFIC OFFENSE? YES NO

HAVE YOU EVER BEEN CONVICTED OF, FOUND GUILTY OF, PLED GUILTY TO, OR PLED NO CONTEST TO ANY FELONY? YES NO

HAVE YOU HAD A CRIMINAL CONVICTION SEALED OR EXPUNGED? YES NO

HAD ANY PROFESSIONAL CERTIFICATE, LICENSE, OR PERMIT, OR AN APPLICATION FOR SAME, REVOKED, SUSPENDED, LIMITED OR DENIED? YES NO

HAVE YOU EVER SURRENDERED ANY CERTIFICATE, LICENSE OR PERMIT, OTHER THAN A DRIVER'S LICENSE? YES NO

If you answered YES to any question, attach explanation to this application. Please include the year of the conviction, the nature of the offense, and the court where the matter was heard. Note: Failure to disclose a felony conviction shall be sufficient cause for disqualification or dismissal.

HAVE YOU EVER BEEN REFUSED TENURE OR A CONTINUING CONTRACT? YES NO

If yes, explain on additional page

DO YOU POSSESS AN ACTIVE OHIO TEACHING CREDENTIAL? YES NO

If yes, attach a copy. If no, have you applied? _____

NAME AS INDICATED ON CERTIFICATE/LICENSE _____

Certificate/License Number _____ Expiration Date(s) Of Certificate(s)/License _____

HAVE YOU TAKEN THE PRAXIS EXAMINATION FOR EDUCATORS? YES NO

If yes, attach copy

IF APPLYING FOR CLERICAL POSITION, LIST OFFICE MACHINES YOU CAN OPERATE AS WELL AS SOFTWARE KNOWLEDGE:

_____ TYPING PROFICIENCY: _____ WPM

STATE THE REASONS WHY YOU FEEL QUALIFIED FOR THIS POSITION. **TEACHING CANDIDATES, PLEASE STATE YOUR EDUCATION PHILOSOPHY BELOW.

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMMODATIONS? YES NO

If no, what accommodations do you feel we could make that would allow you to perform the duties of the position for which you are applying?

WORK EXPERIENCE

EMPLOYMENT DATES		NAME OF FIRM, LOCATION	POSITION	SALARY/ RATE	REASON FOR LEAVING
FROM	TO				

PROFESSIONAL REFERENCES

(If applicable, provide names of each principal under whom you have taught)

Full Name	Position	Address and Phone Number

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I also understand that all offers of employment are subject to background checks, review, and verification of employment history, recommendations, and similar due diligence. All Summit Academy employees serve at will.

SIGNATURE OF APPLICANT	DATE
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Summit Academy acknowledges and values the differences among us, and will not discriminate on the basis of race, gender, color, religion, national or ethnic origin, or disability in the administration of employment, educational or admissions policies, scholarship programs or any other program or project area of our schools.

EMPLOYMENT APPLICATION
Rev: June, 2009