



BRANDEN ROEDER  
SUPERINTENDENT

# Rising Sun ~ Ohio County Community Schools

110 HENRIETTA STREET • RISING SUN, INDIANA 47040

PHONE (812) 438-2655 • FAX (812) 438-4636

WWW.RISINGSUNSCHOOLS.COM

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Can you provide documentation to verify legal employability in the U.S.? YES NO

Have you ever been convicted of a felony?  YES  NO

If yes, please explain: \_\_\_\_\_

Are you presently under investigation for a crime?  YES  NO

If yes, please explain: \_\_\_\_\_

## Personal Data (optional)

List professional, honorary, and service organization memberships (include offices held or awards earned).

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

Indicate applicable coaching, volunteer, or community involvement experience.

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

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ TO: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ TO: \_\_\_\_\_

Please list any certifications that you have obtained:

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

## References

*Please list up to three professional and two personal references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School/Organization: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School/Organization: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School/Organization: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School/Organization: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School/Organization: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Teaching Experience (starting with most recent)**

School: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Principal: \_\_\_\_\_

Subject or Grade: \_\_\_\_\_ From: \_\_\_\_\_ TO: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this previous principal for reference?     YES     NO

School: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Principal: \_\_\_\_\_

Subject or Grade: \_\_\_\_\_ From: \_\_\_\_\_ TO: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this previous principal for reference?     YES     NO

School: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Principal: \_\_\_\_\_

Subject or Grade: \_\_\_\_\_ From: \_\_\_\_\_ TO: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this previous principal for reference?     YES     NO

**Student Teaching**

School: \_\_\_\_\_ From: \_\_\_\_\_ TO: \_\_\_\_\_ Subject/Grade: \_\_\_\_\_

Supervising Teacher's Name and Address: \_\_\_\_\_

School: \_\_\_\_\_ From: \_\_\_\_\_ TO: \_\_\_\_\_ Subject/Grade: \_\_\_\_\_

Supervising Teacher's Name and Address: \_\_\_\_\_

**Licenses**

<b>Type or kind of license (Please attach most current license)</b>	<b>Subject</b>	<b>Developmental Level/Grade</b>	<b>State</b>	<b>Expiration Date</b>	<b>License Number</b>

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ TO: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

## Disclaimer and Signature

*It is the policy of the Rising Sun-Ohio County Community School Corporation to comply with the Indiana Civil Rights Act (I.C. 22-9-1), I.C. 20-8.1-2, Title VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX (1972) Education Amendments, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1992, the Family Medical Leave Act of 1993, and other applicable State and Federal Statutes. The Rising Sun-Ohio County Community School Corporation further assures that it will not discriminate against any person on the basis of race, color, religion, sex, national origin, age, disability, or limited English proficiency, nor will anyone be denied the benefits of, or be otherwise subjected to discrimination in admission or access to, or treatment or employment in the conduct of any of its educational programs and activities and the operation of its facilities.*

*In keeping with the School Board's commitment and requirement of the law, the School Board and staff will strive to remove any vestige of discrimination in employment, assignment, and promotion of staff, in educational programs, services, and opportunities offered students; in location and use of facilities; and in educational materials.*

*Inquiries regarding compliance with Title IX, Section 504, or the Americans with Disabilities Act, or limited English proficiency should be directed to the Superintendent of the Rising Sun-Ohio County Community School Corporation, 110 Henrietta St., Rising Sun, IN 47040. The telephone number is (812) 438-2655 or the Office for Civil Rights, Washington D.C.*

*Legal Reference: IC 20-4-10.1-1 et seq.; IC 20-5-2-1; IC 20-5-2-2*

*I certify that my answers are true and complete to the best of my knowledge.*

*I authorize Rising Sun-Ohio County Community School Corporation to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I understand that the use of my social security number is for background check disclosure.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the Rising Sun-Ohio County Community School Corporation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Re-submit application for each school year or notify us annually that you wish to keep the file active.*