

BROWN COUNTY SCHOOLS

EASTERN LOCAL SCHOOL DISTRICT *APPLICATION*

Name: _____

Address: _____

Social Security Number: _____ Phone: _____

FOR POSITION AS TEACHER OF

(INDICATE GRADES, OR IF HIGH SCHOOL, SUBJECTS IN ORDER OF PREFERENCE)

(LIST TYPE OF CERTIFICATE OR LICENSE HELD AND EXPIRATION DATE)

(SUBJECT AREAS LISTED ON YOUR CERTIFICATE OR LICENSE)

EDUCATION

Schools Attended	Dates	Sem.Hrs.	Degree	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RETURN TO

Michelle Filon, Superintendent
EASTERN LOCAL SCHOOL DISTRICT
P.O. Box 500
Sardinia, OH 45171
PHONE: (937) 378-3981 OR (937) 695-9913

