

Date \_\_\_\_\_  
OFFICE USE ONLY

Position \_\_\_\_\_  
OFFICE USE ONLY



TELL CITY-  
TROY TOWNSHIP  
SCHOOL CORPORATION

APPLICATION FOR A PROFESSIONAL POSITION  
IN THE  
**TELL CITY-TROY TOWNSHIP SCHOOL CORPORATION**  
**TELL CITY, INDIANA 47586**

(Optional)  
Picture  
of  
Applicant

"AN EQUAL OPPORTUNITY EMPLOYER"

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

Type of Position Applying For: \_\_\_\_\_

**SUBJECT AREA(S):**

**LEVEL**

- \_\_\_\_\_ Administration
- \_\_\_\_\_ Elementary
- \_\_\_\_\_ Jr. High/Middle
- \_\_\_\_\_ High School
- \_\_\_\_\_ Special Education
- \_\_\_\_\_ Other: (Explain) \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I. NAME IN FULL:** \_\_\_\_\_

Current Address is: \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Until \_\_\_\_\_

Permanent Address is: \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II. RECORD OF EDUCATION:**

Please list the high school(s) and college(s) you have attended.

Institution	Location	Dates of Attendance	Diploma/Degree & Date

Student Teaching (if within the last five years):

Subject or Grade Level \_\_\_\_\_ Length of Teaching \_\_\_\_\_

School \_\_\_\_\_ Critic Teacher \_\_\_\_\_

Address \_\_\_\_\_

**III. TEACHING EXPERIENCE:**

Total years teaching experience \_\_\_\_\_

Name and Address of School System	Grades/Subjects Taught	Dates	Reason for Leaving

Have you been discharged, refused renewal of contract, or requested to resign from a former position? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details of such action. \_\_\_\_\_

**IV. WORK EXPERIENCE:** List below your work experiences other than those related to teaching.  
 (Within the last five years)

Employer	Type of work	Dates of Employment	Reason for Leaving

**V. REFERENCES:** If you have teaching experience, please list three references from teachers, principals, or superintendents you have worked for. If you do not have teaching experience, please list three references from employers for whom you have worked.

Name	Address	Phone	Position

**VI. EXTRA-CURRICULAR ACTIVITIES:** Please check the areas you feel qualified to direct or have participated in.

Activity	Participated In	Can Direct	Activity	Participated In	Can Direct
Band	<input type="checkbox"/>	<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Orchestra	<input type="checkbox"/>	<input type="checkbox"/>	Baseball	<input type="checkbox"/>	<input type="checkbox"/>
Debate	<input type="checkbox"/>	<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	Track	<input type="checkbox"/>	<input type="checkbox"/>
Publications	<input type="checkbox"/>	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
Dept. Clubs	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Academic	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>
National Honor Society	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>
Drill Team Auxiliary	<input type="checkbox"/>	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>

List positions of RESPONSIBILITY and LEADERSHIP which you have held.

In High School \_\_\_\_\_  
 In College \_\_\_\_\_  
 Other \_\_\_\_\_

List any SPECIAL HONORS received.

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

**VII. LICENSING AND RETIREMENT INFORMATION:**

Hold or have applied for Indiana License in: Subject/Grade Level \_\_\_\_\_  
License Number: \_\_\_\_\_  
License is valid until what date? \_\_\_\_\_  
Hold valid out-of-state license in state of \_\_\_\_\_  
in the following subjects/grade levels \_\_\_\_\_  
Indiana Retirement Fund Number \_\_\_\_\_ (experienced teachers only)

**VIII. GENERAL PROFESSIONAL INFORMATION:**

A. Are your credentials on file at any College Placement Bureau? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what is the name of the institution? \_\_\_\_\_  
Address of the institution? \_\_\_\_\_

B. To what professional organizations do you belong? \_\_\_\_\_  
\_\_\_\_\_

**IX. SIGNATURE OF APPLICANT:**

I hereby certify that the information supplied in this application is true and correct.

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

(Falsification of any part of this form may be cause for rejection of the application and/or any subsequent employment contract.)

Please include the following information:

1. A letter of interest.
2. A resume of your qualifications.
3. A separate statement stating a philosophy of education.
4. A statement of your professional goals.

**MAIL APPLICATION TO: OFFICE OF THE SUPERINTENDENT  
TELL CITY-TROY TOWNSHIP SCHOOL CORPORATION  
837 17th STREET  
TELL CITY, INDIANA 47586**

**NOTE:** If employed, this information will be kept in the superintendent's office and filed in the teacher's individual folder. **This information is strictly confidential.** This application will be kept on file three years from the date of the application.