



Quaker Digital Academy

Telephone: 330-364-0618 | Fax: 330-364-0680 | go2qda.org

Professional Employment Application

"AN EQUAL OPPORTUNITY EMPLOYER"

Please complete this application on your computer system

RETURN TO:
QDA - CEO
400 Mill Ave SE, Suite 901
New Philadelphia, OH 44663

PERSONAL DATA

 Last Name First Name Middle or Maiden Name Today's Date

 Street Address City State ZIP

 Primary Phone Number Secondary Phone Number

To assist in maintaining contact with me, here is the name, address and phone number of a person through whom I may be reached.

 Name of Contact Person Phone Number

 Street Address City State ZIP

CERTIFICATION/ LICENSE

NOTE: Please submit a photocopy of all of your Ohio teaching certificates with this application. If certificate is pending, please indicate expected date of issuance.

Name of Ohio Teaching Cert./Lic. You Hold	Date Issued	Date of Expiration	Certificate/License Number	Subjects or Grades Appearing on Cert./Lic.

TEACHING PREFERENCE AND COMPETENCIES

Interested in (check all that apply): Regular Teacher Substitute Teacher Tutor

Grade Level: K-12 Pre K K-3 4-5 6-8 9-12

Subject/Area of Position Desired

Teaching Preferences - Please indicate your 1st choice of subject and grade level you prefer.

Teaching Preferences - Please indicate your 2nd choice of subject and grade level you prefer.

Teaching Preferences - Please indicate your 3rd choice of subject and grade level you prefer.

PROFESSIONAL PREPARATION

Name of High School	City	State	Dates
Name of Undergraduate College/University	City	State	Dates
Name of Undergraduate College/University	City	State	Dates
Name of Graduate Study College/University	City	State	Dates
Name of Graduate Study College/University	City	State	Dates

TEACHING EXPERIENCE

List all teaching experience below. Do not include non-teaching experience or student teaching. List most recent first.

School System	Salary Received	Dates of Employment	
City	State	ZIP	Grade/Subject Taught
Immediate Supervisor	Reason for Leaving		
School System	Salary Received	Dates of Employment	
City	State	ZIP	Grade/Subject Taught
Immediate Supervisor	Reason for Leaving		
School System	Salary Received	Dates of Employment	
City	State	ZIP	Grade/Subject Taught
Immediate Supervisor	Reason for Leaving		

STUDENT TEACHING

School System	Year	Number of Months
Grade or Subject Taught	Supervising Teacher	

OTHER EXPERIENCE

Experience with children (other than teaching)

Military Service (if applicable)

Month/Year to Month/Year Total Months

Other Work Experience, if any

PROFESSIONAL REFERENCES

Please include superintendents and/or principals from your last two positions. If inexperienced, include name of professors in your major or minor fields. Also list the name of the college or university placement service with which you are registered. If any of these individuals are used as references in your college placement service information, it is not necessary to duplicate their names here.

Name Title Institution Years Known

Street City State ZIP Phone Number

Name Title Institution Years Known

Street City State ZIP Phone Number

Name Title Institution Years Known

Street City State ZIP Phone Number

PRESENT EMPLOYER

May we contact your employer for a reference? Present: Yes No Past: Yes No

If no, please comment:

ALL EMPLOYEES MUST PROVIDE THE FOLLOWING INFORMATION UPON EMPLOYMENT

(Applicants may wish to enclose this information)

- College Credentials, Resume, PRAXIS/NTE Score, Certificate/License, College Transcripts, TB Test, Criminal History Record Check, Verification of Military, Verification of Teaching Experience, Copy of Social Security Card and Driver's License