



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: _____

Indiana Teacher Retirement Number _____

Date Available for Employment: _____ Are you under a current contract? _____

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: _____

FOR ADMINISTRATIVE POSITION

Indicate order or preference

____ Elementary/Middle School (Pre-8) _____

____ High School (9-12) _____

Return this Application to:

Superintendent's Office

Rising Sun-Ohio County Community School Corporation

110 Henrietta St.

Rising Sun, IN 47040

Personal Data

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

Indicate coaching, volunteer, community involvement, or any other experience that could be advantageous to the corporation.

Education

High School: _____ Location: _____

College: _____ Location: _____

From: _____ TO: _____ Major & Minor: _____

College: _____ Location: _____

From: _____ TO: _____ Major & Minor: _____

College: _____ Location: _____

From: _____ TO: _____ Major & Minor: _____

Teaching/Administrative Experience

School: _____ Grades: _____ Phone: (____) _____

Supervisor's Name: _____ From: _____ TO: _____

School: _____ Grades: _____ Phone: (____) _____

Supervisor's Name: _____ From: _____ TO: _____

School: _____ Grades: _____ Phone: (____) _____

Supervisor's Name: _____ From: _____ TO: _____

School: _____ Grades: _____ Phone: (____) _____

Supervisor's Name: _____ From: _____ TO: _____

References

Please list up to five(5) individuals qualified to evaluate your personal, teaching, and/or administrative qualifications. Please include administrators, supervisors, employers, and/or college professors.

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: _____

Licenses

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

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 o, 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.