



# South Range Local Schools

*... a community centerpiece building on excellence*

11375 Columbiana-Canfield Road, Canfield, Ohio ~ 44406 ~ Phone: 330-549-5226 ~ Fax: 330-549-4740

Bethany A. Carlson, Superintendent ~ bcarlson@southrange.org \* Mario A. Nero Jr., Treasurer/CFO ~ mnero@southrange.org

Dear South Range Certificated Teacher Applicant:

In order for you to be considered for a teaching position, there are several items we will need from you.

These items are as follows:

- A current resume
- A copy of your current teaching license
- A current copy of your fingerprint report (FBI & BCI) – within the last year
  - If you need fingerprints you can call the Educational Service Center of Eastern Ohio, 7320 North Palmyra Road, Canfield, Ohio 44406, at 330-533-8755 for an appointment. All fingerprinting is done electronically as required by the state.
- A completed certificated teacher application

Please submit these above items to the Board of Education Office. Once we have received **all** of the above items, your application will be forwarded to the Superintendent.

Thank you for your interest in South Range Local Schools.

**Board of Education**

**Brian Bagwell ~ Shelly Colucci ~ Elizabeth Johnson ~ Terri Lally ~ Amy White**



**South Range Local Board of Education**  
**11375 Columbiana Canfield Rd.**  
**Canfield, OH 44406**  
 Phone: 330-549-5226 Fax: 330-549-4740



**Certificated Teacher Application**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Colleges Attended:	Years Attended	Degree & Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Undergraduate Major: \_\_\_\_\_ Total Hrs: \_\_\_\_\_

Undergraduate Minor: \_\_\_\_\_ Total Hrs: \_\_\_\_\_

Student Teaching \_\_\_\_\_  
 School \_\_\_\_\_ Subj./Grade Level \_\_\_\_\_

Certificate/License: Circle types you hold or for which you are eligible:

Provisional      Permanent      Professional      Special      License

Indicate subject areas listed on your certificates/license:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certificate/License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Have you previously taught in the Mahoning County Schools? \_\_\_\_\_

If yes, please complete below:

School District and year(s): \_\_\_\_\_

School District and year(s): \_\_\_\_\_