

**DEFIANCE COLLEGE TEACHER EDUCATION**  
Employment Application – **CLINICAL SUPERVISOR**

APPLICANT INFORMATION			
<b>Last Name</b>	_____	<b>First</b>	_____
		<b>M.I.</b>	_____
<b>Date</b>	_____		
<b>Street Address</b>	_____		<b>Apartment</b> _____
<b>City</b>	_____	<b>State</b>	_____
		<b>ZIP</b>	_____
<b>Phone</b>	_____		
	<b>E-mail Address</b> _____		
<b>Semester(s) Available:</b>	<b>Fall</b> <input type="checkbox"/>	<b>Spring</b>	<input type="checkbox"/>

EDUCATION, LICENSURE, AND EXPERIENCE	
<b>Highest Degree Earned</b>	_____
<b>Area</b>	_____
<b>Current Licenses Held</b>	_____
<b>Ohio Dept. of Education License # (if applicable)</b>	_____
<b>Other Licenses</b>	<b>Inactive</b> _____ <b>Expired</b> _____

REFERENCES		
<i>Please list three professional references.</i>		
<b>Full Name</b>	_____	<b>Relationship</b>
		_____
<b>Address</b>	_____	<b>Phone</b> _____ <b>Email</b> _____
		_____
<b>Full Name</b>	_____	<b>Relationship</b>
		_____
<b>Address</b>	_____	<b>Phone</b> _____ <b>Email</b> _____
		_____
<b>Full Name</b>	_____	<b>Relationship</b>
		_____
<b>Address</b>	_____	<b>Phone</b> _____ <b>Email</b> _____
		_____