

UNION LOCAL SCHOOL DISTRICT NON-CERTIFICATED EMPLOYEE APPLICATION FORM

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Social Security Number _____

You are subject to a criminal background check and the results must be satisfactory to the Board of Education or its designee for possible employment. Have you ever been convicted of a felony and/or a misdemeanor? Yes _____ No _____ If yes, what accommodations do you feel we could make which would allow you to perform the duties of the position for which you are applying? _____

Position applied for _____

Have you ever been dismissed, asked to resign or refused re-employment? Yes _____ No _____

If yes, where and when? _____

Please list all school attended:

School	Location	Dates Attended		Graduate	
		From	To	Yes	No

MILITARY RECORD

Branch of Service

Date Entered

Date Discharged

RECORD OF EMPLOYMENT: (Arranged chronologically with most recent position at top)

Position	Dates of Employment		Employer/Address/Phone
	Start	End	

REFERENCES: (Include at least two personal references and two professional references)

Name	Address/Phone	Length of Time Known	Nature of Association

List any special skills that you have to qualify for the position for which you are applying, (shorthand, typing, electrical, plumbing, cooking, driving, etc.)

NOTICE: The school district affirms that no person shall, on the basis of race, color, national origin, sex, and disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the superintendent or designated coordinator. This policy shall prevail in all Board policies concerning school employees and students.

Complaints should be referred to: **Title VI, Title IX, and Section 504 Coordinator**
Mr. H. Kirk Glasgow
Union Local Schools
P.O. Box 300
Morristown, Ohio 43759
740) 695-5776

RETURN THIS APPLICATION TO:

The Superintendent of Schools
Union Local School District
P.O. Box 300
Morristown, Ohio 43759

FOR CENTRAL USE ONLY:

Interviewed by _____ Date _____

COMMENTS: _____

