UNION LOCAL SCHOOL DISTRICT
PROFESSIONAL APPLICATION FORM

Date: _____ Please Check One: Elementary_____ Secondary_____

Name_____ SS # _____

Address_____ City_____

County_____ State_____ Zip_____ Phone_____

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 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_____

At the time of making application, are you under contract for the present school term?_____

If so, when does this contract expire?_____

Have you ever been dismissed, asked to resign or refused re-employment as a teacher?
_____ Yes _____ No If yes, where and when?_____

List valid certificates you now hold:

Certificate Type	Expiration Date	Subjects listed on Certificate(s)
_____	_____	_____
_____	_____	_____

Are you willing to attend school activities and supportive organization meetings on a regular basis?_____

ACADEMIC PROGRAM: Please list all Secondary Schools, Colleges and Universities attended:

School/College	Location	Dates Attended From To	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY RECORD:

Branch of Service	Date Entered	Date Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECORD OF EMPLOYMENT: (Arrange Chronologically with most recent position at the top)

Position	**Dates of Employment**	**Employer Address**	**Phone**

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

Name	**Address/Phone**	**Length of Time Known**	**Nature of Association**

LIST ANY PERTINENT INFORMATION THAT WAS NOT COVERED BY THIS APPLICATION.
(Special achievement of honors, awards, or distinction, long-range goals, etc.)

NOTICE: The school district affirms that no person shall, on the bases 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_____

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