UNION LOCAL SCHOOL DISTRICT

DO YOU WISH YOUR NAME PLACED ON OUR SUBSTITUTE TEACHER'S LIST?

__________YES ________NO

EMAIL ADDRESS______________________________

GRADES/SUBJECTS PREFERRED____

SCHOOL(S) PREFERRED____

IF YES IS CHECKED ABOVE, PLEASE COMPLETE THE REMAINDER OF FORM AND RETURN TO

Office of the Superintendent
Union Local School District
66779 Belmont-Morristown Rd.
Belmont, Ohio 43718

>>

NAME:____

SOCIAL SECURITY NUMBER:____

TELEPHONE:____

ADDRESS:____

____

CERTIFICATE: TYPE:____

DATE OF ISSUE:_____________________________________

PLEASE RETURN THIS APPLICATION ALONG WITH A CURRENT OHIO TEACHING LICENSE, BCI & FBI BACKGROUND CHECKS WITHIN THE PAST YEAR.

Have you ever been convicted of a felony and/or misdemeanor if of a sexual nature or moral turpitude?
Yes________ No________ If yes, please explain________________________________

____

Do you have a physical condition which might inhibit you from carrying out the duties of the position for which you are applying? 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?

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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 educational 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:

Superintendent Ben Porter
Union Local School District
66779 Belmont-Morristown Rd.
Belmont, Ohio 43718
740-782-1978