UNION LOCAL SCHOOL DISTRICT

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

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

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 Dr. Zac Shutler Union Local School District 66779 Belmont-Morristown Rd. Belmont, Ohio 43718 740-782-1978