SUBSTITUTE TEACHER APPLICATION

Please attach your official transcripts and teaching certificate. You will also need to complete a BCI/FBI background check.

OAK HILL UNION LOCAL SCHOOLS

205 Western Avenue, Oak Hill, Ohio 45656 | Phone: (740) 682-7595

Name:		Date of Birth:			
Address:		_City: State: _		State:	Zip:
Phone:	Email:				
Are you 18 years of age or older? ☐ Yes	s □ No	Are you legally a	able to work	k in the US? ☐ `	Yes □ No
High School, Trade, Business/Technical School, or College		Graduation Date		Diploma/Degree/Concentrated Area	
Extracurricular activities you can direct: _					
CERTIFICATION: Certificate/License Held:				Date of E	xpiration:
EMPLOYMENT HISTORY:					
Name/Address of Employer	Work Assignm	ient	Reasonic	or Leaving	Employment Dates
PROFESSIONAL REFERENCES:			_		
Name	Employer		Position		Phone
I understand that any information provided by me the further consideration of this application; b) rescind awaive any rights under Chapter 3319 of the Ohio R employees are required to have a current BCI/FBI temployment in some or all positions. Signature of Applicant	an offer that has be evised Code regard	en made; or if I am er dless of when the disc	mployed, c) im overy is made	mediately discharg and regardless of	e me from continued employment, my work performance. All
The Oak Hill Union Local School District ensu	res equal education	nal opportunities rega	rdless of race	color creed nation	nal origin, handican, or sey in
cor It is the policy of the Oak Hill Union Local School D as required by Title IX of the 1972 Educational Ame	mpliance with state istrict not to discrim	directives and federal	recommenda sex in its educte with Title IX of Civil Right location and We	eations. cational programs, a may be directed to	activities or employment policies
OFFICE USE ONLY:					
Date Received: BCI/FBI Background Check ☐ State © ☐ Board Approval Date	By Whom:		□ Official Tr	anscripts □	Non-Bachelor's Substitute