

TEACHER'S APPLICATION FORM
OAK HILL UNION LOCAL SCHOOLS

205 Western Avenue
Oak Hill, Ohio 45656

Phone: 740-682-7595

Fax: 740-682-6998

Date: _____

Soc.Sec. Number _____

Optional - Email address: _____

Name of Applicant: _____ Middle Initial _____

Home Address: _____ Phone: _____

Present Address: _____

Position Desired: _____

Training:

High School: _____ Where? _____

College or University: _____ Semester Hours _____ Degree: _____

Majors: _____ Minors: _____

Extra Curricular Activities you can direct: _____

Certification:

Certificate/License Held: _____ Date of Expiration: _____

Military Service: Branch of Service: _____ Date Entered: _____ Date Discharged _____

Travel:

Where? _____

Work Experience:

Company: _____ Nature: _____ When: _____

Company: _____ Nature: _____ When: _____

Teaching Experience:

| Position Held | Place | When | Salary |
|---------------|-------|------|--------|
|---------------|-------|------|--------|

(For Beginning Teachers Only) Under whom did you take your student teaching?

Teacher: _____ School: _____

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to: a) cancel further consideration of this application; b) rescind an offer that has been made; or if I am employed, c) immediately discharge me from continued employment, *waive any rights under Chapter 3319 of the ORC* regardless of when the discovery is made and regardless of my work performance.

All employees are required to have a current BCI/FBI fingerprinting report on file. Certain Criminal convictions will disqualify you from employment in some or all positions.

Signature of Applicant

Please list references on back or attach resume with references.

