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: _____ Zip: _____

Phone: _____ Email: _____

Are you 18 years of age or older? ☐ Yes ☐ No Are you legally able to work in the US? ☐ Yes ☐ No

EDUCATION:

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 Expiration: _____

EMPLOYMENT HISTORY:

Name/Address of Employer	Work Assignment	Reason for Leaving	Employment Dates

STUDENT TEACHING:

Teacher: _____ School: _____

PROFESSIONAL REFERENCES:

Name	Employer	Position	Phone

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 Ohio Revised Code regardless of when the discovery is made and regardless of my work performance. All employees are required to have a current BCI/FBI fingerprinting/background report on file. Certain criminal convictions will/may disqualify you from employment in some or all positions.

_____ _____

Signature of Applicant Date

The Oak Hill Union Local School District ensures equal educational opportunities regardless of race, color, creed, national origin, handicap, or sex in compliance with state directives and federal recommendations.

It is the policy of the Oak Hill Union Local School District not to discriminate on the basis of sex in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments. Inquiries regarding compliance with Title IX may be directed to:

Josh Donley, Middle School Principal
5063 St. Rt. 93
Oak Hill, Ohio 45656
740-682-7055

OR

Director of the Office of Civil Rights
Dept. of Health, Education and Welfare
Washington, D.C. 20000-20525

OFFICE USE ONLY:

Date Received: _____ By Whom: _____

☐ BCI/FBI Background Check ☐ State of Ohio Certificate/License ☐ Official Transcripts ☐ Board Approval Date _____