

**UNITED LOCAL SCHOOL DISTRICT
CERTIFIED APPLICATION**

NAME (first, middle, last) _____ DATE _____

ADDRESS (street, p.o. box, city, state, zip) _____

TELEPHONE/CELL PHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS: _____

EMPLOYMENT DESIRED: *Copies of: License/Certificate, BCI, FBI, Drivers License, Transcripts & Social Security Card **MUST** be included with application to be considered for any position **before board approval.**

Full Year Part-Time Substitute

Professional Position Desired: _____

EDUCATIONAL DATA:

EDUCATION	INSTITUTION/ADDRESS	DEGREE	MAJOR	SEMESTER HRS
Undergraduate				
Masters				
Post Masters				

*Total Semester Hours _____

EMPLOYMENT DATA: (begin with your current employer)

DATES FROM & TO	EMPLOYER NAME & ADDRESS	DUTIES	REASON FOR LEAVING	SUPT/PRINCIPAL

May we contact your present employer? _____

***ITEMS NEEDED BEFORE BOARD APPROVAL**

PERSONAL REFERENCES: (persons who are qualified to provide information concerning your qualifications)

NAME/TITLE	ADDRESS/EMAIL ADDRESS	PHONE
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NAME/TITLE	ADDRESS/EMAIL ADDRESS	PHONE
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NAME/TITLE	ADDRESS/EMAIL ADDRESS	PHONE
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CERTIFICATION HELD:

TYPE	STATE	DATE EXPIRES
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TYPE	STATE	DATE EXPIRES
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*Have you held a Continuous Contract before? _____ If yes, please attach a copy.

*Total number of STRS Ohio service credit? _____ If any, please attach current STRS Statement.

Can you perform this job without special accommodations? _____ If no, please explain. _____

***Final applicants will receive a Criminal Records check for employment.**

Please complete Section I of the Federal Employment Eligibility Verification form, the Release for References, and return it with your application.

*Submit a resume, application, current license/certificate(s), and a copy of your university official transcript to the United Local Superintendent before Board action.

Your application will remain on file until the position is filled.

The United Local School District is an equal opportunity employer and is in compliance with Section 504 of the Rehabilitation Act of 1973.

Incomplete applications will not be considered.

Return completed application to:

United Local School District
ATTN: Lance Hostetler, Superintendent
8143 State Route 9
Hanoverton, OH 44423-9794

As an applicant for a position with the United Local School District I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize the District, person, school current or past employer, governmental body (including law enforcement agencies and licensing agencies) and any other person or entity, to provide United Local School District with any and all information and opinions about me, and I release all such persons and entities from any duty they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions. I hereby authorize the District to inquire and verify information contained herein and the District shall not be liable for any damage which may result from such inquiry or verification. I understand that any misleading or untruthful statement on this application may result in my dismissal. I also understand that convictions on certain criminal offenses may disqualify me from being hired or from continued employment. If accepted for employment, this application will become a permanent part of the United Local School District personnel records.

SIGNATURE

DATE

Type or Print Name

RELEASE FORM FOR REFERENCES

Authorization To Release Information

As an applicant for a position with the United Local School District I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize any person, school current or past employer, governmental body (including law enforcement agencies and licensing agencies), and any other person or entity, to provide United Local School District with any and all information and opinions about me, and I release all such persons and entities from any duty they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions.

Signature

Witness

Type or Print Name

Type or Print Name

Date

Address

Personnel Checklist For Administrators

This checklist is a reference for you, to explain what information will be required, **before someone can be Board approved for employment**. This information should be required before the interview process is over. Once the employee is hired, payroll papers should be given as soon as possible.

- _____ Completed United Local Schools Application Packet
- _____ Copy of Social Security Card
- _____ Copy of Driver's License
- _____ Letter of Intent (which includes resume)
- _____ All Valid License(s) (Certificate(s)) Held
- _____ Valid BCI and FBI (One year from the date of application)
- _____ Official Transcripts
- _____ Proof of any previous STRS (SERS) Experience or Military Experience

**LICENSURE STATUS VERIFICATION FOR CERTIFIED POSITIONS FORM
MULTIPLE EMPLOYEES**

(for New Employees and Employees in a New Position)

School Year: _____

Through my signature below, I hereby certify, as of the date of my signature below, that to the best of my knowledge the attached list of employees EITHER:

- (1) have a valid license issued by the Ohio Department of Education; or
- (2) the employee is a teacher, substitute teacher, or substitute educational aide who meets one of the exceptions listed in Revised Code Sections 3319.316, 3319.101, or 3319.088 AND the employee has submitted an application for licensure to the Ohio Department of Education.

Further, I certify that I, or my staff, have verified through the Ohio Department of Education's online educator profile tool* that the person either holds a valid license/permit or has submitted to the Ohio Department of Education an application for the required license/permit.

Name
Superintendent

Date

Through my signature below, I hereby certify that I, or my staff, have reviewed this form, along with any attachments, and accept the information as provided. I acknowledge that it is my responsibility to return the form to the superintendent if I believe the information provided is incomplete or inaccurate. I further acknowledge that I am responsible for paying the employee, who is listed on this form, in accordance with Ohio law.

Name
Treasurer

Date

*Note: the Ohio Department of Education's online educator profile tool to verify license and application status can be found at:

<https://coreprodint.ode.state.oh.us/core2.3/ode.core.EducatorProfile.UI/EducatorSearch.aspx>

LICENSURE STATUS VERIFICATION FOR CERTIFIED POSITIONS FORM
(for New Employees and Employees in a New Position)

Name of Certified Staff:

Date of Birth:

State ID:

Position:

Type of License/Permit Required:

Does the person currently hold the required license/permit?

Yes

No

If you selected "Yes," please attach a copy of the person's license/permit to this form.

If you selected "No," the person cannot be paid until he or she is issued the appropriate license/permit **UNLESS** one of the three exceptions listed below applies.

TEACHER
(Exception #1)

Has the person filed an application for the issuance of a license with the Ohio Department of Education?

Yes

No

Does the person hold a bachelor's degree or higher?

Yes

No

If the answers to both questions above are "Yes," the person can provide services, as a teacher, during the first two months of the person's initial employment and can be paid. If the person does not obtain a license during the two-month period, the person can no longer work in a teaching position and can no longer be paid.

If either question is answered "No," the person cannot render services as a teacher and cannot be paid.

SUBSTITUTE TEACHER
(Exception #2)

Has the person filed an application for the issuance of a license with the Ohio Department of Education?

Yes

No

Does the superintendent believe, based on the person's application materials, that the person is qualified to obtain a substitute teaching license?

Yes

No

If the answer to both questions above are "Yes," the person can provide services, as a substitute teacher, for up to 60 days commencing on the date on which the person files an application with the Ohio Department of Education. If the person does not obtain a license during the 60-day period, the person can no longer work in a substitute teaching position and can no longer be paid.

If either question is answered "No," the person cannot render services as a substitute teacher and cannot be paid.

SUBSTITUTE EDUCATIONAL ASSISTANT
(Exception #3)

Will this person be working as a substitute for an educational assistant who is absent due to illness, or a leave of absence, OR to fill a temporary position created by an emergency?

Yes

No

Does the superintendent believe, based on the person's employment application materials, that the person is qualified to obtain a permit or license?

Yes

No

If the answers to both questions above are "Yes," the person can provide services, as a substitute educational assistant, for up to 60 days, commencing on the date on which the person files an application with the Ohio Department of Education. If the person does not obtain a permit during the 60-day period, the person can no longer work as a substitute educational assistant and can no longer be paid.

If either question is answered "No," the person cannot render services as a substitute educational assistant and cannot be paid.

PUPIL ACTIVITY PERMITS
(Special Note)

The preceding exceptions do not apply to pupil activity permits. Any person in a position that requires a pupil activity permit must obtain the permit before the person begins providing services to the school. The person will not be paid until he or she holds a valid pupil activity permit.

Does the person currently hold a valid pupil activity permit?

Yes

No

Through my signature below, I hereby certify that to the best of my knowledge the information provided on this form is true and accurate. Further, I certify that I, or my staff, have verified through the Ohio Department of Education's online educator profile tool* that the person either holds a valid license/permit or has submitted to the Ohio Department of Education an application for the required license/permit.

Name
Superintendent

Date

Through my signature below, I hereby certify that I, or my staff, have reviewed this form, along with any attachments, and accept the information as provided. I acknowledge that it is my responsibility to return the form to the superintendent if I believe the information provided is incomplete or inaccurate. I further acknowledge that I am responsible for paying the employee, who is listed on this form, in accordance with Ohio law.

Name
Treasurer

Date

*Note: the Ohio Department of Education's online educator profile tool to verify license and application status can be found at:

<https://coreprodint.ode.state.oh.us/core2.3/ode.core.EducatorProfile.UI/EducatorSearch.aspx>