MOUNT GILEAD EXEMPTED VILLAGE SCHOOLS

APPLICATION - SUBSTITUTE TEACHER

Name: Date:

Address:

Phone No.:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to Contact in Case of Emergency:

(Name)

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone Number)

Military Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Branch) (Years) (Months)

Do you have a physical condition which would inhibit you from carrying out the duties of the position(s) for which you are applying? Yes \_\_\_\_ No \_\_\_\_

If yes, explain.

Certificate Information

Do you have a current, valid Ohio teaching certificate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate Type: Elementary, Kindergarten/Primary, Kindergarten/Elementary,

(Circle valid High School, PK-12, Vocational, Special Education/Intervention Specialist, 4-9

Subject Area of Validity (i.e., Art, Music):

Beginning and Ending Dates of Validity:

In what areas or grade levels do you wish to substitute:

To be approved by the Mount Gilead Board of Education to serve as a substitute teacher, you must have on file a current, valid teaching certificate, a transcript of all college work, and a completed application. Lists of substitute teachers are updated monthly following the meeting of the Board of Education. Also, background check reports from the Bureau of Criminal Identification and Investigation (BCII) and (FBI) must be on file (see other side).

(over, please)

OTHER

Have you ever been convicted of any of the following: a) a felony; b) a misdemeanor that would be a felony on the second offense; c) any sex offense; d) any offense of violence; e) any theft offense; f) any drug abuse offense? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain nature and date(s) of occurrence(s):

Do you have any medically diagnosed health condition(s) which might need special accommodations for performing the position for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain work limitations:

It is understood and agreed that the Mt. Gilead Exempted Village Board of Education may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCII) and (FBI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the District’s receipt of the BCII and FBI reports and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education’s rules and regulations regarding applicant/employee criminal records and disclosure of criminal conviction listed in the above category, OTHER.

I further understand that falsification of any information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

I hereby authorize the release of this form to appropriate officials for recruitment purposes.

Applicant Signature Date

Revised 10/23