

MIAMISBURG CITY SCHOOL DISTRICT

Administrative Offices
6th STREET AT PARK AVENUE
MIAMISBURG, OHIO 45342
(937) 866-3381

The Miamisburg City School District is an Equal Opportunity Employer. All applications are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status, handicap status or United States citizenship status.

SUBSTITUTE TEACHING APPLICATION

(Type or Print First Two Pages)

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Street) (City / State / Zip)

TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____

When will you be available to begin subbing? _____

Have you been interviewed by a representative of Miamisburg City Schools in the past two years? _____

What position? _____ When _____

PROFESSIONAL PREPARATION AND EXPERIENCE

CERTIFICATION: List current teaching or substitute licenses that you hold

Number	Type	Grade	Dates Covered	Teaching Area
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACADEMIC AND PROFESSIONAL TRAINING:

List High Schools, Colleges and Universities Attended	Location City State	Degree Granted
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cumulative Point Average: Overall _____ Major _____ Graduate _____

PROFESSIONAL TEACHING OR SUBBING EXPERIENCE:

Name of School and Location	Employment Dates From	To	Number of Years	Hours Per Day	Grade/Subject Taught

Have you ever been dismissed or not re-employed in a teaching position? **YES** ____ **NO** ____
If yes, explain _____

WORK EXPERIENCE OTHER THAN TEACHING: (Include dates in military if applicable.)

Where	Nature of Work	Dates

Are you legally authorized to work in the United States? **YES** ____ **NO** ____

REFERENCES: These should be persons familiar with your Professional work who are qualified to answer questions concerning this applicant. Include Superintendents and Principals who have supervised you.

Name _____ Title _____ Phone _____
Street _____ City _____ State/Zip _____

Name _____ Title _____ Phone _____
Street _____ City _____ State/Zip _____

Name _____ Title _____ Phone _____
Street _____ City _____ State/Zip _____

Can you perform all of the functions of the position for which you are applying with or without reasonable accommodation? **YES** _____ **NO** _____

Have you ever been convicted of a felony? _____ If yes, describe _____

If possible, please provide the names, home and business telephone numbers of one or more Dayton area persons who may assist us in contacting you.

Name	Home Telephone	Work Telephone

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment. I recognize that I may be charged for the cost of the records check and may be required to pay that fee before final consideration for employment. I acknowledge that I must present proof of Ohio residency for the five-year (5) period immediately prior to the date of this application or submit to a FBI Criminal Records Check. I further understand that I must undergo a pre-employment drug screening before a final offer of employment will be rendered.

I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize that, should the employer discover that I have falsified any such information, I will not be hired or if already hired, will be subject to termination from employment on that ground.

“any person who knowingly makes a false statement is guilty of falsification under Section 2921.13 of the Revised Code, which is a misdemeanor of the first degree.” (R.C. 3319.393(A) enacted.)

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the Miamisburg City School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Miamisburg City School District any information they may have regarding me. In consideration of the School District’s review of this application, I hereby release the District as well as all providers of information from any liability for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

SIGNATURE

DATE