

ROSS LOCAL SCHOOL DISTRICT
3371 Hamilton-Cleves Rd.
Hamilton, Ohio 45013
(513) 863-1253

SUBSTITUTE TEACHER APPLICATION

Name _____

Date of Application: _____

Address _____
Street Address City State Zip

Telephone _____

Social Security Number _____

Degree _____
Bachelors or Masters

Are you a retiree receiving retirement benefits from an Ohio public retirement system? Yes ___ No ___

If yes, please indicate: _____

Certificate/License Expiration Date: _____

Certificate/License Type: _____

Areas Listed on Certificate/License: _____

Days Available to Substitute: _____

PLEASE CIRCLE BUILDINGS IN WHICH YOU WOULD LIKE TO SUBSTITUTE:

Morgan Elementary (K-5)
Ross Middle (5-8)

Elda Elementary (K- 4)
Ross High (9 -12)

Board approval is required prior to employment.

Applicant's Signature

Date

FOR OFFICE USE ONLY/CHECKLIST OF NEEDED MATERIALS

- _____ I-9 and Criminal Record Form
- _____ BCI and FBI through Web Check
- _____ Copy of Valid Certificate/License
- _____ Copy of Transcript showing Degree

