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Have you been a state resident of Ohio for the past 5 consecutive years? Yes No

Have you ever held a teaching license or substitute teaching certificate in the state of Ohio? Yes No

If so, have you ever been... Non-renewed? Suspended? Terminated? Rife'd?

If you checked any of the above, please explain.

REFERENCES: Please list name and contact information of two educators who would be familiar with your teaching ability. *If you have no teaching experience*, please list the name and address of two people who can verify your past employment history.

Name:	District/Company:
eMail or Phone:	Position/Job Title:
Address:	City/State/Zip:
Name:	District/Company:
eMail or Phone:	Position/Job Title:
Address:	City/State/Zip:

Required Documents to Become a Substitute Teacher

- Copy of this Application
- Copy of Signed and Dated Request for a Criminal History Record Check Form (included with this application)
- Copy of current OHIO Substitute License or Teaching Certificate
- Copy of current BCI and FBI Fingerprint Results *(note: BCI/FBI results must match the date on file at ODE or a new record check will need to be completed at your expense in our office – returning substitutes will follow current state guidelines)*
- Copy of a Substitute Training Class Certificate *(for first time substitutes with no teaching experience)*

It is understood and agreed that the Licking County Educational Service Center may contact former employer(s) for verification of any employment history and the Bureau of Criminal Identification and Investigation (BCII) for a background check and I hereby consent to such inquiries.

I further understand that falsification of any and all 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.

SIGNATURE _____

DATE _____