



MID-OHIO EDUCATIONAL SERVICE CENTER

Substitute Teacher Application

2026-2027

PLEASE PRINT CLEARLY

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____

Please notify me of employment opportunities available at districts listed below. ☐ Yes ☐ No

Highest Level of Education: ☐ Master's ☐ Bachelor's ☐ Associate's ☐ High School ☐ Other _____

I am a degreed and certified teacher and interested in tutoring. ☐ Yes

— AN ADDITIONAL APPLICATION MAY BE REQUIRED BY DISTRICTS. PLEASE CONTACT THE DISTRICT. —

Select the school district(s) in which you would like to substitute.

Ashland County: ☐ **Hillsdale

Crawford County: ☐ *Buckeye Central ☐ **Bucyrus ☐ **Colonel Crawford

☐ **Crestline ☐ *Galion ☐ *Wynford

Morrow County: ☐ **Highland ☐ **Mount Gilead ☐ **Northmor

Richland County: ☐ *Clear Fork ☐ *Crestview ☐ *Lexington

☐ *Lucas ☐ *Madison ☐ *Pioneer CTC ☐ *Plymouth-Shiloh

Community/Non-Public: ☐ **Cypress High School ☐ Foundation Academy

☐ *Mansfield Christian School ☐ **Richland School of Academic Arts

☐ *St. Peter's School

Alternative Schools: ☐ *Abraxas ☐ *F.I.R.S.T. ☐ LEAP

*ACCEPTS HIGH SCHOOL DIPLOMA OR GED AS MINIMUM; REQUIRES INTERVIEW WITH SCHOOL(S)

**ACCEPTS ASSOCIATE'S DEGREE AS MINIMUM; NO REQUIRED INTERVIEW, BUT MUST PROVIDE OFFICIAL TRANSCRIPT

*I understand that falsification of any and all information on this application shall result in my being disqualified as a substitute teacher. Substitute teachers may be discharged for any reason without recourse to the grievance procedure. Substitute teachers may also be removed from the substitute call list **at the discretion of each individual school district.** By affixing my signature on this application, I agree to all the conditions listed here and in the substitute teacher packet, and attest that I have completed any required professional development per ORC 3319.102.*

Applicant Signature _____

Date _____

Please return this application to Mid-Ohio ESC. There is no application fee for the 2026-2027 year.

890 West Fourth Street, Suite 100, Mansfield, Ohio 44906 Phone: 419-774-5520 Fax: 419-774-5523 www.moesc.net

OFFICE USE ONLY

Date Received _____ ☐ ODE Licensure ☐ BCI/FBI ☐ 2025-2026 Returning Sub

Rev. 04/20/26