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. I agree to accept full responsibility for all assigned tasks and to abide by each school district's policies, rules and regulations. 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. 09/17/26