

APPLICATION FOR TEMPORARY SUBSTITUTE TEACHING

Name:			Phone/Cell Number: (this will be your Frontline Education/AESOP log in ID)		
_____	_____	_____	(____) _____		
FIRST	M.I.	LAST			
Email:			Social Security #:		
Street Address:		City:	State:	Zip Code:	

CERTIFICATION/LICENSURE INFORMATION

Educator State ID:	Expiration Date: 06/30/20 _____
Credential – TEMPORARY SUBSTITUTE TEACHING LICENSE	

I am willing to substitute teach for the following school districts:

EATON	NATIONAL TRAIL	PREBLE SHAWNEE	TRI-COUNTY NORTH	TWIN VALLEY SOUTH	PREBLE COUNTY ESC
<input type="checkbox"/> Elementary K-2	<input type="checkbox"/> Elementary K-4	<input type="checkbox"/> Preschool	<input type="checkbox"/> Preschool	<input type="checkbox"/> Preschool	<input type="checkbox"/> ECE Preschool
<input type="checkbox"/> Elementary 3-5	<input type="checkbox"/> Middle School 5-8	<input type="checkbox"/> Elementary K-4	<input type="checkbox"/> Elementary K-4	<input type="checkbox"/> Elementary K-6	<input type="checkbox"/> Special Needs Preschool
<input type="checkbox"/> Middle School 6-8	<input type="checkbox"/> High School 9-12	<input type="checkbox"/> Middle School 5-8	<input type="checkbox"/> Middle School 5-8	<input type="checkbox"/> Middle School 7-8	<input type="checkbox"/> Emotionally Disturbed (ED)
<input type="checkbox"/> High School 9-12		<input type="checkbox"/> High School 9-12	<input type="checkbox"/> High School 9-12	<input type="checkbox"/> High School 9-12	<input type="checkbox"/> Multi-Disability (MD)

APPLICANT'S STATEMENT

I certify that the answers given on this application, as well as the information contained in any license, resume, transcript, or additional information I submit, are true and complete to the best of my knowledge. Furthermore, permission is hereby granted to the above listed school districts, by the undersigned, to conduct reference, education employment, and any other agency checks as they may collectively or individually feel are necessary to consider me for employment with the school district.

I also grant permission to the above listed entities to copy and share all submitted documents, including college/university transcripts. In the event of employment, I understand that any false and misleading information given in my application, license, transcripts, or additional information or interview(s) may result in discharge. ***"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"***

I also understand that my employment in the school districts listed above is conditioned upon the completion of a criminal record check acceptable to the Board of Education of such district. If the criminal record check should prove to be unacceptable to the Board of Education for any reason, I understand that my employment may be terminated at the will of the Board of Education without any type of hearing or statement of reasons for such action during my first year of employment.

Signature of Applicant

Date

The following documents MUST be on file at Preble County Educational Service Center prior to being placed on the substitute list: _____
Application _____ Emergency Medical Form _____ Diploma/Transcripts _____ BCI/FBI Background Checks _____ License _____
Serious consequences (cessation of pay) can occur after 60 days, if these documents are not on file.