

References: List persons who have first-hand knowledge of your professional training, experience, and character.

Name	Complete Address	Telephone	Position

Districts In Which You Would Like To Sub: (✓ all that apply)

- Allen County ESC Bath Delphos Lima City Shawnee
 Allen East Bluffton Elida Perry Spencerville

My signature below authorizes the school district to conduct any investigation necessary to determine my qualifications for employment, and authorizes release of information in connection with this application. I certify that I have made true, correct and complete responses on this application, and that to do otherwise is reason not to employ or to discharge if I am employed by any district.

Signature of Applicant

Date