Allen County Educational Service Center 1920 Slabtown Rd.

Lima, OH 45801

419-222-1836, Fax: 419.224.0718

EQUAL OPPORTUNITY EMPLOYERS

Substitute Teacher or Aide Application

Allen County
Educational Service Center

Date:	E-mail Address:_	E-mail Address:				
Name Last	Fired		MC-d-H-			
	First		Middle			
Present Address: Street Address	Street Address City, State, Zip		Phone			
Permanent Address:(If different from above) Street Address	City, State,	City, State, Zip Phone				
Experience: (Begin with most recent)						
Name of Business/Organization	Position	Dates of Service	Supervisor Name and Contact Number			

<u>Educational History or Training</u>: (Start with high school and list all colleges attended. If you have not graduated, please list degree and date anticipated)

School Name	Location	Major/Course of Study	Dates	Degree
High School Attended:				
Colleges/Universities:				

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 Lik	(e 10 Sub: (* all tha	ат арріу)							
☐Allen County ESC	Bath	□ Delphos	□Lim	a City]Shawnee				
☐Allen East ☐	Bluffton	□Elida	□Per	ry [Spencerville				
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.									
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					