



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

**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