

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

Date: _____ E-mail Address: _____

Name _____
Last First Middle

Present Address: _____
Street Address City, State, Zip Phone

Permanent Address: _____
(If different from above) Street Address City, State, Zip Phone

Experience: (Begin with most recent)

Name of Business/Organization	Position	Dates of Service	Supervisor Name and Contact Number

Educational History or Training: (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 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