

THE CONSORTIUM OF MEDINA COUNTY & CITY SCHOOLS

*BRUNSWICK CITY
MEDINA CITY
WADSWORTH CITY*

*BUCKEYE LOCAL
CLOVERLEAF LOCAL
HIGHLAND LOCAL*

*MEDINA COUNTY
CAREER CENTER
(JVSD)*

SUBSTITUTE TEACHER APPLICATION

Thank you for your interest in the city, local, and vocational school districts of Medina County. Your completed application will be filed in the offices of the Medina County Schools' Educational Service Center. Please make sure that all items on the application are completed and that all requested material is enclosed. Please send all materials to the following address:

Medina County Schools' ESC
124 W. Washington Street
Medina, Ohio 44256

(330) 723-6393 Ext. 140 or 127

PLEASE PRINT OR TYPE

Date:

Name:

Last	First	Middle
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Social Security Number:

Other names under which transcripts, certificates/licenses and former applications may be listed:

Last	First	Middle
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Temporary Address:

Street & Number	Apt. No.	City	State	Zip
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Work or Temporary Telephone:

Permanent Address:

Street & Number	Apt. No.	City	State	Zip
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Permanent Telephone:

The schools of Medina County are equal opportunity employers and as such, are consistent with applicable federal and Ohio law, and do not discriminate on the basis of race, color, religion, gender, age, ancestry, national origin, or disability.

EDUCATION:

Please list in order of attendance.

College/University	State	Degree Earned	Graduation Date	G.P.A

Total semester* hours credit of undergraduate work

Total semester* hours credit of graduate work

* Please reduce quarter hours to semester hours by multiplying by 2/3

CERTIFICATES/LICENSURE/LICENSES:

Subject	Type (1year, 2 year, 4 year, 5 year, 8 year, or permanent)	Expiration Date	State

STUDENT TEACHING:

District	Dates	Grade Level(s)	Subject(s)	City & State

TEACHING/OTHER WORK EXPERIENCE:

Begin with the most recent.

Company	Location	Type of Work	Dates of Employment

REFERENCES:

List the names of at least three former employers who have knowledge of your work experience.

Name & Position	Present Address	Telephone Number

PLEASE RESPOND TO ALL OF THE FOLLOWING QUESTIONS

Have you continuously lived in the State of Ohio for the past five years?

Yes _____ No _____

Have you ever been convicted of any felony or violation of O.R.C. 3319.39 [any offense of violence, theft, or drug abuse that is not a minor misdemeanor or a substantially comparable ordinance or statute under federal, state (in state/ out of state), or municipal (in state/out of state) law]?

Yes _____ No _____ If yes, please explain:

Has your teaching or employment contract ever been terminated under O.R.C. 3319.16, 3319.081, 124.34, and/or a collective bargaining agreement or a comparable federal or state law? (TERMINATION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.)

Yes _____ No _____ N/A _____ If yes, please explain:

Has your teaching certificate/license ever been revoked, suspended, or terminated under Ohio or any other comparable state law? (PROCEEDINGS INVOLVING YOUR CERTIFICATE/LICENSE WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.)

Yes _____ No _____ N/A _____ If yes, please explain:

Have suspension and/or termination proceedings under Ohio or comparable federal and state law ever been initiated against you? (THE INITIATION OF A PROCEEDING WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.)

Yes _____ No _____ If yes, please explain:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also understand that I am required to abide by all policies, rules, and regulations of the Board of Education and administration.

I understand that the Board of Education may wish to verify the statements I have made in this application. I hereby give my permission for The Consortium of Medina County & City Schools, or its authorized representative(s), either at this time or any time during my employment with the Board, to request and review any of my employment records, court records, and/or police records from any local, state, or federal agency keeping such records.

The undersigned certifies that he/she has answered the above questions knowingly and truthfully to the best of his/her ability.

Date

Applicant