

New Substitute	<input type="checkbox"/>
Returning Substitute	<input type="checkbox"/>

SUBSTITUTE TEACHER INFORMATION 2010-2011

Please print

Last Name: _____ First Name: _____ MI: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: (____) _____ Birth Date: _____
 Email: _____ SS#: _____

Certificate/License:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 1yr. Long Term | <input type="checkbox"/> 5yr. Long Term | <input type="checkbox"/> 2yr. Provisional | <input type="checkbox"/> 8yr. Professional |
| <input type="checkbox"/> 1yr. Short Term | <input type="checkbox"/> 5yr. Short Term | <input type="checkbox"/> 5yr. Professional | <input type="checkbox"/> Other _____ |

DISTRICTS YOU WISH TO SUBSTITUTE

(Check All That Apply)

- | | |
|---------------------|----------------------------|
| _____ Lakota Local | _____ New Miami Local |
| _____ Madison Local | _____ Ross Local |
| _____ Monroe Local | _____ Alternative Programs |

Days Available To Sub: _____

Have you ever been arrested, pled guilty or been convicted of a felony or misdemeanor, except for a minor traffic violation (e.g., speeding, disregarding a stop sign or stoplight)?

- Yes
 No

If the answer to this question is "Yes", for each offense list the date, nature of offense, sentence imposed and name of court which imposed sentence.

By signing this document, I specifically agree that my employment shall be contingent upon receipt of my background check reports from B.C.I.I. & F.B.I., which are consistent with my answer to the above question and does not contain evidence of a conviction for any of the crimes set forth in Section 3319.39 of the Ohio Revised Code.

In the event a report from the B.C.I.I. & F.B.I. is not consistent with my answer to the above question or contains evidence of a conviction for any of the crimes set forth in Section 3319.39 of the Ohio Revised Code, I specifically agree that the action of the Board employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Certificate/License _____ TB _____ BCI _____ FBI _____ List# _____

Return to: Butler County Educational Service Center, Attention: Rhonda Miller
 1910 Fairgrove Avenue, Suite B, Hamilton, OH 45011
 After 9/27/10 – send to: 400 North Erie Boulevard, Suite A, Hamilton, OH 45011