



MID-OHIO EDUCATIONAL SERVICE CENTER

Substitute Teacher Application

2024-2025

PLEASE PRINT CLEARLY

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Contact Phone #: _____
 Email: _____

Highest Level of Education: Master's Bachelor's Associate's High School Other _____

If you are a degreed and certified teacher, are you interested in tutoring? Yes

—AN ADDITIONAL APPLICATION MAY BE REQUIRED BY A DISTRICT . PLEASE CONTACT THE DISTRICT.—

Select the school district(s) in which you would like to substitute.

Ashland County:

*Ashland City **Hillsdale

Crawford County:

**Bucyrus **Colonel Crawford **Crestline *Galion *Wynford

Morrow County:

**Highland **Mount Gilead **Northmor

Richland County:

*Clear Fork *Crestview *Lexington *Lucas *Madison
 **Mansfield City *Pioneer CTC *Plymouth-Shiloh

Community / Non-Public:

*Ashland County Community Academy **Cypress High School Foundation Academy
 **Mansfield Christian School *St. Mary of the Snows School *St. Peter's School

Alternative Schools:

*Abraxas *F.I.R.S.T. School LEAP

***ACCEPTS HIGH SCHOOL DIPLOMA AS MINIMUM AND REQUIRES INTERVIEW WITH SCHOOL**

****ACCEPTS ASSOCIATE'S DEGREE AS MINIMUM; NO REQUIRED INTERVIEW**

I understand that falsification of any and all information on this application shall result in my being disqualified as a substitute teacher. By affixing my signature on this application, I agree to all the conditions listed in the substitute teacher packet.

Applicant Signature _____

Date _____

Substitute teachers may be discharged for any reason without recourse to the grievance procedure. Substitute teachers may also be removed from the substitute call list at the discretion of each individual school district.

~Mid-Ohio Educational Service Center is an
Equal Opportunity Employer ~

Please return this application to Mid-Ohio ESC. There is no application fee for the 2024-2025 year.

890 West Fourth Street, Suite 100, Mansfield, Ohio 44906 Phone: 419-774-5520 Fax: 419-774-5523 www.moesc.net

OFFICE USE ONLY

Date Received _____ ODE Licensure BCI/FBI 2023-2024 Returning Sub