



**Ashland County Community Academy
Substitute Application**

716 Union St.

Ashland, OH 44805

Phone: 419-903-0295 Fax: 419-903-0341

website: www.accaaces.org

Today's Date: _____

Application Information

Name _____ / _____
Last First Middle Other names (e.g. maiden)

Present Address _____
City/State/Zip Code

Telephone Number _____

PLEASE READ CAREFULLY:

**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.**

Education/Training

	<u>School Institution/Dates Attended</u>	<u>Degree/Diploma</u>	<u>Credit Hours</u>
High School	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____
Military	_____	_____	_____



Licensure/Preferences

____ I currently have an Ohio Substitute License

License Type: _____

____ I do not have a current Ohio Substitute License

Sub Preferences

List grades/content areas in which you are licensed to sub in:

Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities:

Employment Experience: (List your employment from your most current to your earliest employment)

Employer _____ Phone _____

Dates Employed _____ Job Title _____

Work Performed _____

Reason for Leaving: _____ Supervisor _____

Employer _____ Phone _____

Dates Employed _____ Job Title _____

Work Performed _____

Reason for Leaving: _____ Supervisor _____

Employer _____ Phone _____

Dates Employed _____ Job Title _____

Work Performed _____

Reason for Leaving: _____ Supervisor _____



References (List three references not related to you):

Name _____ Relationship _____

Phone Number _____

Name _____ Relationship _____

Phone Number _____

Name _____ Relationship _____

Phone Number _____

ACKNOWLEDGEMENT

Applications received by the school district will remain active until December 31 following the date of receipt.

Renewal will be made for the ensuing year upon request of the applicant.

A personal interview is required before an applicant can be recommended for hire. Interviews are held only when there is an opening. Do not include letters of recommendation you wish returned, but attach copies instead.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete.

I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

I authorize the school district to check my references to obtain information from my prior employers and educational institutions, to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize my listed references, past employers, educational institutions and anyone else who has information about my work history, education qualification or fitness to provide such information to the school district for which I have completed an employment application.

I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information regardless of the results.

Signed: _____

Date: _____

READ CAREFULLY

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code.

Please see the following list of disqualifying crimes:

Aggravated Murder	Corruption of a Minor	Illegal Use of a Minor in Nudity-
Murder	Gross Sexual Imposition	Oriented Material/Performance
Voluntary Manslaughter	Sexual Imposition	Aggravated Robbery
Involuntary Manslaughter	Importuning	Robbery
Felonious Assault	Voyeurism	Aggravated Burglary
Aggravated Assault	Public Indecency	Burglary
Assault	Felonious Sexual Penetration	Abortion Without Informed Consent
Failing to Provide for Functionally	Compelling Prostitution	Endangering Children
Impaired person	Promoting Prostitution	Domestic Violence
Aggravated Menacing	Procuring	Carrying Concealed Weapons
Patient Abuse or Neglect	Prostitution	Having Weapons While Under Disability
Kidnapping	Disseminating Matter Harmful to	Improperly Discharging Firearm at
Abduction	Juveniles	or into Habitation or School
Child Stealing	Pandering Obscenity	Corrupting Another with Drugs
Criminal Child Enticement	Pandering Obscenity Involving a Minor	Drug Trafficking
Rape	Pandering Sexually Oriented	Alteration of Food
Sexual Battery	Material Involving a Minor	

I have read the above list of disqualifying crimes

Employee Signature

Employment Provisions (Signature required below)

I understand that due to the length of time required for completion of the criminal background check, it may be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the information provided in the employment application. However, by signing this document I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I., and F.B.I. as my employment shall be contingent upon subsequent receipt by the Board of Education of a report from B.C.I. which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from B.C.I., and a subsequent report from B.C.I. and F.B.I. is received which is not consistent with my answer to the above question, I specifically agree that the action of the Board of Education 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.

Employee Signature: _____ Date: _____

Mail to:
ACCA Superintendent
716 Union St.
Ashland, OH 44805