

KNOX COUNTY EDUCATIONAL SERVICE CENTER

308 Martinsburg Road • Mount Vernon • Ohio 43050 • (740) 393-6767

TO: Teachers Interested in Substitute Teaching
FROM: Dave Southward, Superintendent
DATE: July, 2009
RE: Substitute List for the 2009-10 School Year

We are updating the Knox County Schools' Substitute Teacher List. If you are interested in substituting in the Knox County Schools during the 2009-10 school year, we will need the following information:

1. A copy of a teaching or substitute teaching certificate/license, along with an official copy of your college transcripts.
2. Please indicate on the application form in which school districts you wish to substitute.
3. Completion of a Substitute Teacher Workshop if you are not an experienced substitute teacher/teacher. Please contact the ESC for scheduled dates for this workshop.
4. House Bill 190 passed in November, 2007 by the Senate and House. The bill requires that Educational Service Centers request criminal records checks for all applicants for employment. The records checks must include both BCII and FBI records. The cost for the records checks is \$60.00. (The Knox County Educational Service Center offers this service weekdays from 8:00 - 3:00.)
5. Statement Regarding Criminal Record -- Please complete the enclosed two-page form (front and back).
6. Declaration Regarding Material Assistance/Nonassistance to Terrorist Organization Form
7. A completed Employment Eligibility Verification Form (Enclosed) -- Please complete the top half of this form and bring it along with the documentation requested on the lower half of the form to the Knox County Educational Service Center's office. (Note: A social security card will be required for payroll purposes.)

If, at any time during the school year you are no longer available to substitute, please notify Carla at 393-6767. This will eliminate unnecessary calls being made to your home as well as save time for the people in charge of obtaining substitute teachers.

KNOX COUNTY SCHOOLS
308 Martinsburg Road
Mount Vernon, Ohio 43050
(740) 393-6767

TO: Substitute Teachers
FROM: Dave Southward, Superintendent

NAME _____ E-MAIL ADDRESS _____
ADDRESS _____ DATE _____
CITY, STATE, ZIP _____
PHONE _____ CELL PHONE _____

Have you lived continuously in Ohio for the past five years? _____ If you have not resided in Ohio for the past five years, what was your previous address?

Address City/State Zip

Have you ever retired from the State Teachers Retirement System? _____

Circle the school districts in which you wish to substitute:

Centerburg Danville EK (EKHS - EK Elem) Fredericktown ESC Preschool, Sp. Ed., Alternative Center

Do you have a current valid certificate/license on file with the Knox County Educational Service Center?

Yes ___ No ___

If **not**, please be in touch with the Knox County Educational Service Center office.

Give the following information about each of your teaching certificates/licenses.

Grade: Elementary, Kindergarten-Primary, Kindergarten-Elementary, Early Childhood (PK-3), Middle Childhood (4-9), High School (7-12), Multi-Age (PK-12), Intervention Specialist

Areas of validity (example - history, art): _____

Dates of validity (example - 2007 - 2012): _____

****If you do not have a certificate/license, complete this section:**

Have you ever had a substitute license? Yes ___ No ___

In what areas or grade levels do you wish to substitute? _____

Please circle any days you are **not** available for substituting:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

If you need to apply for a license, please come to the Educational Service Center as soon as possible to complete an application. You will also need a check or money order made payable to the "Treasurer, State of Ohio" for your substitute license fee.

1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses?
YES _____ NO _____

2. Have you ever been convicted of, found guilty of, or pled guilty to any felony?
YES _____ NO _____

It is understood and agreed that Knox County Educational Service Center may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI/FBI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the district's receipt of the BCI/FBI report and verification of my work experience, my continued employment will be conditioned on: (1) satisfactory work experiences as verified by contracts with former employers and (2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

I further understand that falsification of **any and all** information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation or employment should I fail to fulfill these conditions.

SIGNATURE

DATE

**STATEMENT OF JOB APPLICANT REGARDING CRIMINAL RECORD
(O.R.C. 3319.31, 3319.39, 3319.391)**

I, _____, have not been convicted of, or entered a guilty plea to, any of the following offenses or any prior or existing laws of Ohio which are substantially similar or any prior or existing laws of another state or the federal government which are substantially similar:

| | | |
|---|--|---|
| 2903.01 Aggravated murder | 2907.12 Felonious sexual penetration | 2919.24 Contributing to unruliness or delinquency of a child |
| 2903.02 Murder | 2907.21 Compelling prostitution | 2919.25 Domestic violence |
| 2903.03 Voluntary manslaughter | 2907.22 Promoting prostitution | 2923.12 Carrying concealed weapons |
| 2903.04 Involuntary manslaughter | 2907.23 Procuring | 2923.13 Having weapons while under disability |
| 2903.11 Felonious assault | 2907.25 Prostitution | 2923.161 Improperly discharging a firearm at or into a habitation or school |
| 2903.12 Aggravated assault | 2907.31 Disseminating matter harmful to juveniles | 2925.02 Corrupting another with drugs |
| 2903.13 Assault | 2907.32 Pandering obscenity involving a minor | 2925.03 Trafficking in drugs |
| 2903.16 Failing to provide for a functionally impaired person | 2907.321 Pandering obscenity involving a minor | 2925.04 Illegal manufacture of drugs or cultivation of marihuana |
| 2903.21 Aggravated menacing | 2907.322 Pandering sexually oriented matter involving a minor | 2925.05 Funding of drug or marihuana trafficking |
| 2903.34 Patient abuse or neglect | 2907.323 Illegal use of minor in nudity-oriented material or performance | 2925.06 Illegal administration or distribution of anabolic steroids |
| 2905.01 Kidnapping | 2911.01 Aggravated robbery | 2925.11 Drug possession (other than minor offense) |
| 2905.02 Abduction | 2911.02 Robbery | 3716.11 Placing harmful objects in food or confection |
| 2905.04 Child stealing (former law) | 2911.11 Aggravated burglary | |
| 2905.05 Child enticement | 2911.12 Burglary | |
| 2907.02 Rape | 2919.12 Unlawful abortion | |
| 2907.03 Sexual battery | 2919.22 Endangering children | |
| 2907.04 Corruption of a minor | 2919.23 Interference with custody (child stealing) | |
| 2907.05 Gross sexual imposition | | |
| 2907.06 Sexual imposition | | |
| 2907.07 Importuning | | |
| 2907.08 Voyeurism | | |
| 2907.09 Public indecency | | |

OR

| | | |
|--|---|---|
| 2903.041 Reckless homicide | 2917.31 Inducing panic | 2923.123 Illegal conveyance of deadly weapon into court house |
| 2903.15 Permitting child abuse | 2917.33 Possession of hoax weapon of mass destruction | 2923.17 Unlawful possession of explosives |
| 2905.11 Extortion | 2919.121 Performing or inducing unlawful abortion on minor | 2923.21 Improperly furnishing firearms to minor |
| 2907.24 Soliciting prostitution | 2919.13 Abortion manslaughter | 2925.041 Illegal possession of chemicals for manufacture of drugs |
| 2907.241 Loitering to engage in prostitution | 2921.02 Bribery | 2925.13 Permitting drug abuse |
| 2907.311 Displaying matter harmful to juveniles | 2921.03 Intimidation of public servant or witness | 2925.22 Deception to obtain dangerous drug |
| 2907.33 Deception to obtain matter harmful to juveniles | 2921.04 Intimidation in criminal case | 2925.23 Illegal possession of drug documents |
| 2907.34 Compelling acceptance of objectionable materials | 2921.05 Retaliation against public servant or witness | 2925.24 Tampering with drugs |
| 2909.02 Aggravated arson | 2921.11 Perjury | 2925.32 Trafficking in harmful intoxicants |
| 2909.22 Soliciting or supporting terrorism | 2921.34 Escape | 2925.36 Illegal dispensing of drug samples] |
| 2909.23 Making terroristic threat | 2921.41 Theft in office | 2925.37 Counterfeit drug offenses |
| 2909.24 Terrorism | 2923.122 Illegal conveyance or possession of deadly weapon or counterfeit firearm into school safety zone | 2927.24 Contaminating substance for human consumption; spreading false report |
| 2913.44 Personating an officer | | |
| 2917.01 Inciting violence | | |
| 2917.02 Aggravated riot | | |
| 2917.03 Riot | | |

OR

**ANY FELONY, OR ANY OFFENSE OF VIOLENCE, THEFT OFFENSE,
OR DRUG ABUSE OFFENSE, UNDER EITHER STATE LAW OR ANY
SIMILAR MUNICIPAL ORDINANCE, THAT IS NOT A MINOR MIS-
DEMEANOR.**

***FALSIFICATION OF THIS STATEMENT SHALL BE GROUNDS FOR NON-HIRING OR
IMMEDIATE DISCHARGE***

(Signature of Applicant)*

Date

**If you cannot sign this form for any reason please write an explanation below or discuss
directly with the hiring officer.*

EXPLANATION:

ADDITIONAL QUESTIONS FOR APPLICANT

- (1) Have you ever been charged with one of the offenses listed on the preceding page, and subsequently been convicted of, or pleaded guilty or no contest to, a lesser offense based on the same incident? YES NO

If "YES", please give details below:

- (2) Have you ever been convicted of, or pleaded guilty or no contest to, an ATTEMPTED version of any of the offenses listed on the preceding page? YES NO

If "YES", please give details below:

- (3) Have you ever been subject to an investigation for child abuse conducted by a Children's Services agency or a law enforcement agency? YES NO

If "YES", please give details below and indicate the results of the investigation:

- (4) Are there any criminal charges currently pending against you other than a minor misdemeanor or misdemeanor traffic offense? YES NO (An affirmative response to this question will not necessarily disqualify the applicant.)

If "YES", please give details below:

(Signature of Applicant)

(PRINT FULL NAME)

Date signed: _____



Ohio Department of Public Safety
 Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

| | | | | |
|--------------|-------|------------|--------|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL |
| HOME ADDRESS | | | | |
| CITY | STATE | ZIP | COUNTY | |
| HOME PHONE | | WORK PHONE | | |

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X _____
Signature

Date

Background

Secretary of State Colin Powell, in consultation with the Attorney General, designated the following organizations, thereby placing them on the Terrorist Exclusion List (TEL). Ten groups were added to the TEL on April 29, 2004.

Terrorist Exclusion List Designees (alphabetical listing)

- Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidalul Afghanistan)
- Al Taqwa Trade, Property and Industry Company Ltd.* (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
- Al-Hamati Sweets Bakeries
- Al-Ittihad al-Islami (AIAI)
- Al-Manar
- Al-Ma unah
- Al-Nur Honey Center
- Al-Rashid Trust
- Al-Shifa Honey Press for Industry and Commerce
- Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
- Alex Boncayao Brigade (ABB)
- Anarchist Faction for Overthrow
- Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
- Asbat al-Ansar
- Babbar Khalsa International
- Bank Al Taqwa Ltd.* (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
- Black Star
- Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People s Council, a.k.a. the People s Liberation Army of Nepal)
- Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
- Darkazanli Company
- Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daawaa es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
- Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
- First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
- Harakat ul Jihad i Islami (HUJI)
- International Sikh Youth Federation
- Islamic Army of Aden
- Islamic Renewal and Reform Organization
- Jamiat al-Ta awun al-Islamiyya
- Jamiat ul-Mujahideen (JUM)
- Japanese Red Army (JRA)
- Jaysh-e-Mohammed
- Jayshullah
- Jerusalem Warriors
- Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
- Libyan Islamic Fighting Group
- Loyalist Volunteer Force (LVF)
- Makhtab al-Khidmat
- Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)
- Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
- New People s Army (NPA)
- Orange Volunteers (OV)
- People Against Gangsterism and Drugs (PAGAD)
- Red Brigades-Combatant Communist Party (BR-PCC)
- Red Hand Defenders (RHD)
- Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
- Revolutionary Proletarian Nucleus
- Revolutionary United Front (RUF)
- Salafist Group for Call and Combat (GSPC)
- The Allied Democratic Forces (ADF)
- The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
- The Lord s Resistance Army (LRA)
- The Pentagon Gang
- The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|--|-------|--|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |
| I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. | | I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____ | |
| | | Employee's Signature _____ Date (month/day/year) _____ | |

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|---|-----------------------------|
| Preparer's/Translator's Signature _____ | Print Name _____ |
| Address (Street Name and Number, City, State, Zip Code) _____ | Date (month/day/year) _____ |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------------|-----------------------------|
| Signature of Employer or Authorized Representative _____ | Print Name _____ | Title _____ |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Knox County ESC 308 Martinsburg Road, Mt. Vernon, OH 43050 | | Date (month/day/year) _____ |

Section 3. Updating and Reverification. To be completed and signed by employer.

| | |
|---|--|
| A. New Name (if applicable) _____ | B. Date of Rehire (month/day/year) (if applicable) _____ |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. | |
| Document Title: _____ | Document #: _____ |
| Expiration Date (if any): _____ | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. | |
| Signature of Employer or Authorized Representative _____ | Date (month/day/year) _____ |

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

Substitute Teaching License Application

This application has two pages to be completed. Please fill in, print and sign.

Personal Information



Use this application for
Substitute Teaching License

New and Renewal

Mail application and fee to:
Office of Educator Licensure
25 South Front Street, Mail Stop 105
Columbus, OH 43215

Educator ID or SSN: _____ **Birthdate** _____

Male **Female**

First Name _____ **Middle Initial** _____

Last Name _____

Address _____

City _____ **State** _____

Zip Code _____

Email _____

Home Phone _____ **Mobile Phone** _____

Other names which may appear on official documents (e.g. maiden)

Amount Enclosed \$ _____

FINGERPRINTS - BCI and FBI checks are valid for 365 days from the date the check was completed

All applicants for an **initial** certificate, license or permit are required to submit an Ohio BCI civilian background check AND an FBI background check from the Federal Bureau of Investigation.

Applicants who are **renewing** a certificate, license or permit are required to submit an Ohio BCI and an FBI background check from the Federal Bureau of Investigation **only if the credential being renewed is of the longest duration of the certificates, licenses, or permits that the educator holds.**

The Ohio Department of Education **is not able to** accept paper reports. All background check reports must be submitted to this office via **electronic** submission directly from the Ohio Bureau of Criminal Investigation. When you have your fingerprints taken at a WebCheck facility please ask the person taking the prints to check the box under 'Reason Fingerprinted' to send the results to Teacher Cert per example below:

Reason Fingerprinted

Send to the Ohio Department of Education

Please **do not** use the Department of Education address in the 'mail to' section because the department is not able to utilize paper reports.

For more information on how to complete this electronic process, please visit: http://www.webcheck.ag.state.oh.us/national_webcheck.htm.

If the WebCheck you use does not have FBI capability you may request the fingerprint card and instructions from our office at 614/466-3593.

LEGAL QUESTIONS

Each question **MUST** be answered by checking the appropriate box.

If you answer **YES** to any question, attach an explanation to this application.

Please indicate the **year of conviction**, the **nature of the offense**, and the **court where the matter was heard**.

HAVE YOU EVER ...

- | | | | | |
|-----------------------|-----|-----------------------|----|--|
| <input type="radio"/> | YES | <input type="radio"/> | NO | Been convicted of, found guilty of, pled guilty to , or pled no contest to any misdemeanor other than a traffic offense? |
| <input type="radio"/> | YES | <input type="radio"/> | NO | Been convicted of, found guilty of, pled guilty to , or pled no contest to any felony? |
| <input type="radio"/> | YES | <input type="radio"/> | NO | Had a criminal conviction sealed or expunged? |
| <input type="radio"/> | YES | <input type="radio"/> | NO | Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited or denied? |
| <input type="radio"/> | YES | <input type="radio"/> | NO | Surrendered ANY certificate, license or permit, other than a driver's license? |

I certify under penalty of loss of my right to teach or work in the schools of Ohio that the answers to these five questions are true and correct in every respect.

Signature _____

Date _____

Substitute Teaching License

or to request a DUPLICATE copy or correction of a currently valid license.

Credential Information - Indicate License Request

- NEW
- RENEWAL
- 1-Year \$25.00
- 5-Year \$125.00

- SHORT-TERM SUBSTITUTE
- LONG-TERM SUBSTITUTE

(See definitions and coursework requirements in the General Instructions)

Indicate license type requested (see code sheet on back)

Indicate teaching field requested. (see code sheet on back)

- Duplicate **\$ 20.00**
- Correction **\$ 20.00**

Please specify the correction requested (name change etc.)

EFFECTIVE YEAR

The effective year for an Ohio license begins July 1, regardless of the date of issuance. When renewing you may apply after January 1st of the year the license expires.

Permit to begin on July 1, _____

MAIL TO ORGANIZATION (all licenses are mailed to the employing Ohio school/district)

School District _____

IRN # _____

SUPERINTENDENT SIGNATURE

I hereby request a license for the individual named on this application.

Signature of Ohio School Superintendent _____

School District _____

Date _____

APPLICANT SIGNATURE

I certify under penalty of the loss of my right to work in the schools of Ohio that the information provided on this page of the application is true and correct in every respect.

Signature _____

Date _____

Print Name _____

Fees: Please enclose a money order or personal check payable to "Treasurer, State of Ohio" for each application. **DO NOT SEND CASH.** (\$25.00 of the processing fee is non-refundable if eligibility requirements for the license are not met.)

CHECKLIST Have you

____ Received the Superintendent's signature

____ Completed each section on page 1 and page 2 and signed page 1 and page 2

____ Attached a check or money order

____ Requested electronic submission of the BCI and FBI

General Instructions
For Substitute Licenses - Long-Term and Short-Term

Application status may be checked on the web site at: www.ode.state.oh.us
Use the search option to access **EDUCATOR PROFILE**.

1. Use a separate form for each license type requested. Please fill in, print and sign the application before sending it in.
2. **All applications for substitute licenses must be initiated by the employing school district.**
All licenses are mailed to the school district.
3. **FEES:** The appropriate processing fee must accompany each application. **DO NOT SEND CASH.**
Please make check or money order payable to: "**Treasurer, State of Ohio**".
Please note: \$25.00 of the processing fee is non-refundable if eligibility requirements for the license are not met.

| | |
|--|-----------|
| 1-Year Long-Term or Short-Term, new or renewal | \$ 25.00 |
| 5-Year Long-Term or Short-Term, new or renewal | \$ 125.00 |
| Duplicate or Correction | \$ 20.00 |

4. **CREDENTIAL INFORMATION:**

Short-Term Substitute Teaching License

A short-term substitute license may be issued to the holder of a baccalaureate degree. This is a general license that carries no teaching fields. An individual holding a short-term substitute license may substitute teach in a given classroom for no more than five days.

The short-term substitute license does not have license types or teaching fields.

Long-Term Substitute Teaching License

A long-term substitute license may be issued to the holder of a baccalaureate degree who evidences appropriate coursework as follows:

| | |
|------------------------------|---|
| Early Childhood: | 12 semester hours in professional early childhood education |
| Middle Childhood: | 20 semester hours in EACH subject requested |
| Adolescence 7-12 | 20 semester hours in EACH subject requested |
| | note: integrated area must evidence an appropriate distribution of coursework example: integrated science must include coursework in life science, earth science, physics and chemistry |
| Multi-Age K-12 | 20 semester hours in EACH subject requested |
| Intervention Specialist K-12 | 12 semester hours in special education |
| | ** This license may be issued only as a 1-year license, new and renewal. |

SEE CODE SHEET ON PAGE 4 OF THIS APPLICATION: Please select the six-digit teaching field code numbers from only those code numbers listed under the request TYPE. The codes are not interchangeable.

5. **Applicants** (with less than a baccalaureate degree) **for an initial long term substitute career-technical license must attach a completed CTE-37 form** signed by the superintendent of the employing school/district verifying eligibility.
6. **OFFICIAL TRANSCRIPTS (no photocopies)**
Official transcripts are required with each application for an initial long-term or short-term substitute license.
7. **SIGNATURE OF THE SCHOOL DISTRICT OFFICIAL**
Applications for substitute licenses, new or renewal, must be signed by the employing superintendent or head of school.
8. **SIGNATURE OF THE APPLICANT** is required on page 1 and page 2 of this application.
9. School districts may mail the application to:
Office of Educator Licensure
25 S. Front Street, Mail Stop 105
Columbus, OH 43215.

License Types and Teaching Field Codes

(62) MIDDLE CHILDHOOD (4-9)

050150 Language Arts and Reading (4-9)
110100 Mathematics (4-9)
130102 Science (4-9)
150003 Social Studies (4-9)

(63) ADOLESCENCE TO YOUNG ADULT (7-12)

050145 Integrated Language Arts
110094 Integrated Mathematics
150004 Integrated Social Studies
132010 Integrated Science
132150 Physical Sciences: Chemistry
132160 Physical Sciences: Physics
132030 Life Sciences
132040 Earth Sciences

(64) MULTI-AGE (PK-12)

111780 Computer Information Science
080302 Dance
050338 Drama/Theater
080115 Health
050675 Library/Media
060230 Modern Language - French
060235 Modern Language - German
060150 Classical Language - Greek
060245 Modern Language - Italian
060250 Modern Language - Japanese
060107 Classical Language - Latin
060625 Modern Language - Russian
060265 Modern Language - Spanish
120050 Music
080305 Physical Education
050250 TESOL (Teaching English to Speakers of Other Languages)
020012 Visual Arts

(65) INVENTION SPECIALIST

196140 Mild/Moderate Educational Needs (K-12)
196142 Moderate/Intensive Educational Needs (K-12)
196109 Visually Impaired (PK-12)
196116 Hearing Impaired (PK-12)

(66) CAREER-TECHNICAL

(Bolding indicates baccalaureate degree required)

Agriculture

010100 Agriscience

010101 Animal Production
010104 Production Agriculture
010131 Equine Science
010191 Zoo Animal Production & Care
010200 Agribusiness
010300 Agricultural Industrial Equipment
010400 Food Science
010500 Horticulture
010600 Natural Resources
010699 Environmental Management

Business

140550 Integrated Business

140100 Accounting
140200 Business Information Systems
140300 Administrative Office Technology
140800 Business Administration and Management

Technology

160610 Technology Education

Marketing Education

040800 General Marketing Education

040115 Entertainment Marketing
041118 Travel & Tourism Marketing
040810 Marketing Management
040820 E-Commerce Marketing
040830 Marketing Technology
040840 Sports Marketing
041900 Acquisition & Logistics

Family and Consumer Sciences Education

090120 Family & Consumer Sciences

090201 Early Childhood Education and Care
090203 Culinary Arts & Food Services Management
090205 Hotels and Resorts

Health Occupations

070101 Dental Assistant
070103 Dental Lab. Technician
070203 Medical Lab Assisting
070204 Phlebotomy
070302 Practical Nursing
070303 Nurse Assistant
070305 Surgical Technology
070307 Home Health Aide
070410 Fitness Aide/Athletic Trainer
070603 Optometric Occupations
070904 Medical Assistant
070906 Community Health Aide
070912 Pharmacy Assisting
070913 Health Unit Coordination
070994 Patient Care Technician
070998 DHO Instructor
074820 Diagnostic Pathway
074830 Therapeutic Pathway
074840 Health Support Pathway
074850 Biotechnology
074890 Health Informatics Pathway
079950 Practical Nurse Coordinator

Trade and Industry

170100 Air Conditioning/Heating
170200 Appliance Repair
170301 Auto Collision Repair
170302 Automotive Technology
170303 Auto Specialization
170400 Aviation
170401 Aircraft Maintenance
170403 Ground Operations
170700 Commercial Art Occupations
170802 Marine Occupations
170900 Commercial Photography Occupations
171001 Carpentry
171002 Electrical Trades
171003 Heavy Equipment (Construction)
171004 Masonry
171005 Interior Design Applications
171007 Plumbing & Pipefitting
171011 Building & Property Maintenance
171012 Industrial Maintenance and Repair
171017 Building Technology
171100 Custodial Services
171200 Medium/Heavy Truck Technician
171300 Drafting Occupations
171402 Power Transmission
171503 Electronics
171504 Telecommunications
171805 Construction - Design - Build
171806 Construction - Management
171807 Engineering Technologies - Design
171808 Engineering Technologies - Processes
171809 Engineering technologies - Products/Services
171900 Graphic Occupations
172000 Chemical Laboratory Assisting
172004 Industrial Laboratory Assisting
172302 Precision Machining
172303 Manufacturing Operations
172306 Welding - Cutting
172307 Tool & Die Making
172602 Cosmetology
172700 Plastics Occupations
172801 Firefighter Training (Paid)
172802 Criminal Justice
172808 Private Security
172810 Career Paths for the Law Profession
172811 Emergency Medical Technician
173100 Small Engine Repair
173601 Milwork & Cabinet Making
179960 DCT Coordinator

(71) EARLY CHILDHOOD PK-3

(74) PUPIL SERVICES

282200 Interpreter for the Hearing Impaired