

PUTNAM COUNTY SCHOOLS SUBSTITUTE TEACHER CHECKLIST

These items must be on file in order to become a substitute teacher.

_____ **Application** for Substitute Teachers

_____ **Form I-9, Employment Eligibility Verification**
(Requires Federal Government-approved identification:
Passport OR Drivers License and Social Security Card)

_____ **Both BCI and FBI criminal background reports. Reports must not be more than one year old at the time that you initially come on the substitute list. These reports require fingerprinting that can be done at the ESC. If fingerprinting is needed, call for an appointment (419-523-5951.)**

_____ **Copy of Teaching License/Substitute Teaching License**
If you need to obtain a substitute teaching license, application must be applied for online at Ohio Department of Education <http://education.ohio.gov/> Search for "Substitute License."
Minimum requirement to obtain a substitute teaching license is a Bachelor Degree--degree does NOT have to be in education. When prompted for a signature of organization input IRN#049304 which will send the application to the ESC for our electronic signature.
(Transcript is required to be uploaded to ODE during online application process)

_____ **Auditor of State Fraud Reporting Form** (just sign and date)

- Substitutes are approved at each monthly meeting of the Putnam County Educational Service Center Governing Board. The Board normally meets at 9:00 AM the second Monday of each month.
- Questions about substitute teaching should be directed to:
Karen Calvelage at the Putnam County ESC. Phone 419-523-5951, Ext. 3001 or email: Karen.calvelage@putnamcountyesc.org
- Office Hours of Putnam County ESC: Monday through Friday 8:00 – 4:00
- Address of Putnam County ESC: 124 Putnam Parkway, Ottawa, Ohio 45875
Fax # 419-523-6126
- Website: <http://putnamcountyesc.org>

(Revised June 2016)

PUTNAM COUNTY EDUCATIONAL SERVICE CENTER
124 PUTNAM PARKWAY
OTTAWA, OHIO 45875
TELEPHONE: 419-523-5951 FAX: 419-523-6126

**APPLICATION FOR SUBSTITUTE TEACHERS
For All Putnam County Schools**

NAME _____

ADDRESS _____

CITY, STATE ZIP _____

PREFERRED PHONE # _____ 2ND PHONE # _____

EMAIL: _____

CERTIFICATION/LICENSURE AREA: _____

If your degree is not in education, please indicate your area of concentration:

Please list the schools in which you prefer to substitute, or list "All Schools."

_____	_____
_____	_____
_____	_____
_____	_____

If you are available only certain days of the week/hours of the day, please indicate:

Would you be interested in doing after-school tutoring? Yes No

IMPORTANT: Have you lived continuously in Ohio for the past 5 years? Yes No

NOTE—We reserve the right to require proof of residency.

SIGNATURE _____ DATE _____

1. A copy of your valid teaching license must be on file.
2. **Background Reports:** All new substitute teachers, as well as teachers renewing licenses, must undergo Criminal Background Reports. When you first come on the list, both Ohio BCII and National FBI reports are required (Cost: \$56.) If you are renewing a license, only the FBI Report is required if you have previously had a BCII Report AND have lived in Ohio continuously for the past 5 years (Cost: \$29). Background reports can be done at the Putnam County ESC – call for an appointment. **Failure to have current background reports on file or fraudulently answering the question verifying Ohio residency will prohibit employment.**
3. **Form I-9, Employment Eligibility Verification**, required by the Federal Government, must be on file (upon initial employment only). Valid identification is required (passport, or drivers license AND social security card.)
4. **Fraud Reporting Form:** Must acknowledge receipt of notice regarding fraud reporting system (required by Auditor of State)

If you no longer wish to be on the substitute list, please notify Karen Calvelage at the Putnam County ESC as soon as possible either by phone: 419-523-5951, Ext. 3001 or email karen.calvelage@putnamcountyesc.org. Questions about substitute teaching should also be directed to Karen Calvelage.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number

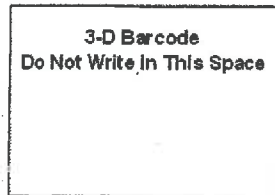
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
- OR**
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee: Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: DRIVERS LICENSE		Document Title: SOCIAL SECURITY CARD
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number: (copy attached)		Document Number: (copy attached)
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
			Administrative Assistant	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Calvelage		Karen	Putnam County Educ. Service Ctr.	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State Zip Code
124 Putnam Parkway			Ottawa	OH 45875

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

Acknowledgement of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging (insert public employer) provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I _____, **have** read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature **acknowledges** receipt of this information.

PRINT NAME

PLEASE SIGN NAME

DATE