

\_\_\_\_\_ Certified Substitute

Date of Application \_\_\_\_\_

**MADEIRA CITY SCHOOLS  
An Equal Opportunity Employer**

7465 LOANNES DRIVE  
CINCINNATI, OH 45243  
513.985.6070 (PHONE)  
513.985.6072 (FAX)

**APPLICATION FOR EMPLOYMENT  
CERTIFIED SUBSTITUTE**

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ (DAY) \_\_\_\_\_ (EVENING)

\_\_\_\_\_ (CELL) \_\_\_\_\_ (EMAIL)

**Have you lived continuously in Ohio for the past 5 years? You must check one.**

- Yes
- No

**Please read important information regarding criminal background requirements.**

For **initial licensure applicants** who are applying for a license from the Ohio Department of Education, the ODE requires a **BCII and FBI criminal background checks**. These checks need to be less than one year old.

Educators **renewing** a license and who have lived **continuously** in Ohio for the previous **five years** and have a **BCII background check on file** with the ODE will need to complete **only** an **FBI** criminal background check once every five years.

Educators who have **not lived continuously** in Ohio for the past **five years** still need to complete both the **BCII and FBI background checks**.

**EDUCATIONAL BACKGROUND**

High School	City	Diploma	GED
_____	_____	_____	_____

Colleges Attended	Degree	Dates Attended	Graduated
_____	_____	_____	_____
_____	_____	_____	_____

**AREAS OF CERTIFICATION/LICENSE**

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate the age levels, schools, or subject areas you would prefer to work with.**

\_\_\_\_\_

**PLEASE ATTACH YOUR PHILOSOPHY OF EDUCATION IN NARRATIVE STYLE**

**EMPLOYMENT HISTORY**

List positions held, starting with your most recent employment

**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

**Address** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

**Immediate Supervisor** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

**Address** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

**Immediate Supervisor** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

**Address** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

**Immediate Supervisor** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**REFERENCES**

List below three additional references who can speak to your work performance and character

**Name** \_\_\_\_\_ **Bus. Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Bus. Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Bus. Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or if already employed, may result in immediate dismissal. I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any and all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records. Candidates are employed by the Madeira City Schools Board of Education based upon recommendation of the Superintendent of Schools. It is understood that the acceptance of employment in the Madeira City Schools District is an acceptance of the policies, rules and regulations of the Madeira City Schools Board of Education.

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For office use only**  
BCI \_\_\_\_\_ FBI \_\_\_\_\_ License \_\_\_\_\_ AESOP \_\_\_\_\_ I-9 \_\_\_\_\_ PSW \_\_\_\_\_ Payroll \_\_\_\_\_