



Perry Local Schools Substitute Application Process

TO BE COMPLETED BY ALL APPLICANTS:

___ APPLICATION

___ OHIO DEPARTMENT OF EDUCATION LICENSE to obtain/renew a substitute teacher or aide license, visit the following website: <http://education.ohio.gov/Topics/Teaching/Educator-Licensure/Apply-for-Certificate-License>.

___ FBI BACKGROUND CHECK The Reason Code used for the background check must be 3319.39, must be on file at the Ohio Department of Education, and the background check must be no more than five years old.

___ BCI BACKGROUND CHECK The Reason Code used for the background check must be 3319.39 and must be on file at the Ohio Department of Education. The background check must be no more than five years old unless you can demonstrate that you have been a continuous resident of the state of Ohio for the preceding five years.

BCI AND FBI INFORMATION Background checks are done at the ESC office, located at 1920 Slabtown Rd., Building 2, during regular business hours. Please bring \$25 for the BCI, \$35 for the FBI, and your current Ohio driver's license. The ESC only accepts cash, money order, or certified bank check. No personal checks are accepted. If you would like to have your background check done elsewhere, take the following information with you: Substitute Aides – BCI Reason Code 3319.39B1 (School employees-non teaching positions) FBI Reason Code 3319.39 (Public school district or chartered nonpublic school employees) Substitute Teachers – BCI Reason Code 3319.39B3 (School employees-teachers only) FBI Reason Code 3319.39 (Public school district or chartered nonpublic school employees) A direct copy must be sent to Ohio Department of Education and a copy must be provided to Perry Local Schools.

FINAL APPROVAL PROCESS Upon completion of all requirements listed above, substitutes must be approved by the Perry Local Schools Board of Education. Board meetings are held the third Tuesday of each month. After approval by our board, your name will be placed on a substitute list and you may begin receiving calls to work.

DISTRICT CONTACT NUMBERS

Perry Administration Office- 419-221-2770

Perry Elementary – 419-221-2771

Perry High School – 419-221-2773

QUESTIONS OR ASSISTANCE Contact Casey Bevilockway, at 419-221-2770 or by email at pe_secretary@mycommodores.org

For questions or assistance with background checks contact Amy Mauk, at 419-222-1836, Ext.102, or by email at amy.mauk@allencountyesc.org. ESC Hours: 8 AM to 4 PM, Monday-Thursday, and 8 AM to 3:30 PM on Friday. ESC Summer Hours: 7:30 AM to 3:00 PM, Monday-Thursday, and closed on Friday.



PERRY LOCAL School District

2770 East Breese Road
Lima, Ohio 45806
(419) 221-2770
(419) 224-6215 Fax

Alison Van Gorder
Superintendent

Esther Ruhe
Treasurer

Nicholas Weingart
High School Principal
(419) 221-2773

Kelly Schooler
Elementary Principal
(419) 221-2771

CLASSIFIED EMPLOYMENT APPLICATION

PERRY LOCAL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Date: _____

SS#: _____

Name: _____
Last First Middle

Permanent
Address: _____
City State Zip

Phone: _____ Additional Phone: _____

Type of Position: _____ Secretary _____ Aide _____ Cafeteria _____ Custodian _____ Coach
_____ Full Time _____ Part Time _____ Substitute

APPLICABLE TRAINING:

Military Service _____
Dates

Total Years _____

WORK EXPERIENCE:

Dates	Employer	Position	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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REFERENCES:

List below persons who have first-hand knowledge of your character, personality, and ability in your own field of work.

Name	Address	Phone	Position

You may attach a separate sheet giving any additional information, which would help evaluate you for this position.

This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail.

A personal interview with the School District Superintendent is required. Applicants will be notified of the proper time to appear for interviews. If you are employed, it will be necessary for you to furnish the school district all applicable documentation.

CERTIFICATION OF APPLICANT: I hereby authorize the Perry Local School District to obtain from my former employers all data needed to support this application. I hereby authorize the Perry Local School District to obtain from the references listed above any information needed to support this application.

I certify that the information given in this application is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____



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Date _____

_____ has been employed by the Perry Local School District. Please provide us with the following information so we may complete our records.

VERIFICATION OF EXPERIENCE

Our records indicate that the above-names person was employed as a _____ in this district from _____ to _____ for a total of _____ months at _____ percent of time.

VERIFICATION OF ACCUMULATED DAYS OF SICK LEAVE

Our records indicate that the above-named person was entitled to a total of _____ days of accumulated unused sick leave upon termination of employment with this District.

CONTINUING CONTRACT STATUS

Was the above-named employee on a continuing contract in your school district?

_____ Yes _____ No

SIGNATURE AND TITLE OF OFFICIAL

SCHOOL DISTRICT

ADDRESS

City, State Zip