



6393 Oak Tree Blvd., Suite 300  
Independence, OH 44131  
(216) 524-3000

## SUBSTITUTE APPLICATION

Date: \_\_\_\_\_

Please type or print all information

### I. PERSONAL INFORMATION

Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Numbers (Including Area Code) \_\_\_\_\_ Cell Phone \_\_\_\_\_

I WOULD LIKE TO BE CONSIDERED FOR:

☐ Cuyahoga Heights ☐ Berkshire

### II. EDUCATION

High School Attended \_\_\_\_\_

Did you receive a High School Diploma/Equivalent? Yes ☐ No ☐

College/University Degree Granted and Date \_\_\_\_\_

**III. REFERENCES** or collegiate and/or professional supervisors or others for whom you have worked recently.

Name	Position	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. WORK EXPERIENCE** (List current experience first)

1. From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Supervisor \_\_\_\_\_

Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Supervisor \_\_\_\_\_

Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Supervisor \_\_\_\_\_

Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do we have your approval to contact your current employer? Yes ☐ No ☐

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The Educational Service Center of Northeast Ohio will provide equal opportunities for employment, retention and advancement of all personnel regardless of race, color, creed, national origin, citizenship status, political affiliation, age, sex or disability that can be reasonably accommodated.

**An Equal Opportunity Employer**