

**TRI-COUNTY SCHOOLS**  
**SUBSTITUTE SCHOOL HEALTH SERVICE PROVIDER APPLICATION**

(also available at our website [www.tricountyesc.org](http://www.tricountyesc.org))

Date \_\_\_\_\_

Mr. Mrs. Miss \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Alt. Phone No. \_\_\_\_\_

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

In case of an emergency notify:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Current License:	STNA _____	LPN _____	RN _____	School Health Nurse _____	
Issue Date:	_____	Expiration Date:	_____		
Experience completed under the above license:					
Employer	Address & Phone Number	Assignment	From	To	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

Check Employment Preferences (applicant may change these through a call to our office):

\_\_\_\_\_ I wish to serve all Schools in: \_\_\_\_\_ Ashland County Schools  
\_\_\_\_\_ Holmes County Schools  
\_\_\_\_\_ Wayne County Schools

\_\_\_\_\_ I wish to serve only: \_\_\_\_\_

\_\_\_\_\_ Days or dates I'm not available: \_\_\_\_\_

\_\_\_\_\_ I would be willing to sub ½ day if needed.

\_\_\_\_\_ I have tested positive or have been exposed to Tuberculosis.

\_\_\_\_\_ I was born in a country other than the United States.

\_\_\_\_\_ I have resided outside of the United States for more than 30 consecutive days.

\*If you checked any of the last 3 statements, you are required to have a **TB test** done within the last 90 days\*

For Office Use:

_____ Application	_____ I-9 Form (copy SS & DL)
_____ Signed Contract	_____ BCI & FBI Check
_____ License (STNA, LPN, RN, School Health Nurse)	_____ Completed Orientation
_____ Transcripts	_____ Skin Test (TB test may be required)

(over)

**OTHER LEGAL**

**READ CAREFULLY**

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.32 and Section 109.57, Revised Code.

**Please see the following list of disqualifying crimes:**

Aggravated Murder	Corruption of a Minor	Illegal Use of a Minor in Nudity- Oriented Material/Performance
Murder	Gross Sexual Imposition	Aggravated Robbery
Voluntary Manslaughter	Sexual Imposition	Robbery
Involuntary Manslaughter	Importuning	Aggravated Burglary
Felonious Assault	Voyeurism	Burglary
Aggravated Assault	Public Indecency	Abortion Without Informed Consent
Assault	Felonious Sexual Penetration	Endangering Children
Failing to Provide for Functionally Impaired person	Compelling Prostitution	Domestic Violence
Aggravated Menacing	Promoting Prostitution	Carrying Concealed Weapons
Patient Abuse or Neglect	Procuring	Having Weapons While Under Disability
Kidnapping	Prostitution	Improperly Discharging Firearm at or into Habitation or School
Abduction	Disseminating Matter Harmful to Juveniles	Corrupting Another with Drugs
Child Stealing	Pandering Obscenity	Drug Trafficking
Criminal Child Enticement	Pandering Obscenity Involving a Minor	Alteration of Food
Rape	Pandering Sexually Oriented Material Involving a Minor	
Sexual Battery		

**I have read the above list of disqualifying crimes** \_\_\_\_\_  
**Employee Signature**

**CONTRACT FOR EMPLOYMENT AS A HEALTH SERVICE PROVIDER  
ON A SUBSTITUTE, TEMPORARY, OR CASUAL BASIS  
UNDER PROVISIONS OF RC 3319.10  
(Signature required below)**

*The Ashland City, Ashland – W. Holmes Career Center, , Central Christian, Chippewa Local, East Holmes Local, Green Local, Hillsdale Local, Loudonville-Perrysville Ex. Village, Mapleton Local, Norwayne Local, Northwestern Local, Orrville City, Rittman Ex. Village, Southeast Local, Triway Local, Wayne Co. Schools Career Center, West Holmes Local, Wooster Christian, Wooster City and the Tri-County Educational Service Center (“The Board of Education”) and the undersigned (“Substitute”) agree to this contract to employ said substitute health service provider on a substitute, temporary or casual day-to-day basis for assignment as services are needed to take the place of regular staff during the **current school year**.*

- 1. The substitute Health Service Provider agrees to work upon request of the Local Superintendent or his designee, hours or days as needed and as scheduled by the Local Superintendent or his designee. It is expressly understood that the Board of Education does not guarantee any minimum number of work hours or work days, for the substitute health service provider. The work hours or work days of the employee may be increased, decreased, or made unnecessary, as determined by the Local Superintendent or his designee. It is further understood that health service providers employed as substitutes on a casual day-to-day basis are not entitled to the notice of nonrenewal ordinarily required for limited contracts under RC 3319.11.*
- 2. For work performed as requested and as authorized by the Local Superintendent or designee, the Board of Education shall pay the employee the rate(s) it has adopted. Any period of time less than one half day is normally considered one half day for pay purposes. The employee shall not be entitled to Board paid insurance, paid leave days, or any other fringe benefit accorded to regular staff.*
- 3. It is understood that this contract is renewable from year to year upon the proper submission of a valid STNA/LPN/RN/School Health Nurse license, current background check, and an application form.*
- 4. Valid for the **2021-2022** school year.*

\_\_\_\_\_  
**Employee Signature**

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

\_\_\_\_\_  
*President, Tri-County Educational Service Center*

\_\_\_\_\_  
*Treasurer, Tri-County Educational Service Center*