

TRI-COUNTY SCHOOLS SUBSTITUTE HEALTH SERVICE PROVIDER APPLICATION

(Available at our website www.tricountyesc.org)

Date: _____

Name: _____ 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 Number

STNA _____ LPN _____ RN _____

Pupil Service School Registration _____ Pupil Service School Nurse License _____

Issue Date: _____ Expiration Date: _____

Employer	Address & Phone Number	Assignment	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check Employment Preferences (applicant may change these by calling or emailing the substitute coordinator):


- I wish to serve all schools in:
 Ashland County
 Holmes County
 Wayne County
- I wish to serve only:(districts/schools) _____
- Days or dates I'm not available: _____
- I would be willing to substitute 1/2 day if needed
- I would like to substitute in Wooster City School District
 Educator State ID# (if known) _____
- I would like to substitute in Triway Local School District

Education:	School or Institution Name	Diploma, GED, or Degree (type and field of study)
High School	_____	_____
Undergraduate College	_____	_____
Graduate Work	_____	_____
Special (Other)	_____	_____

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

The Ashland–W. Holmes Career Center, Chippewa Local, Dale Roy, East Holmes Local, Green Local, Hillsdale Local, Loudonville-Perrysville Ex. Village, Mapleton Local, Northwestern Local, Norwayne Local, Orrville City, Rittman Ex. Village, Southeast Local, Triway Local, Wayne Co. Board of DD, Wayne Co. Schools Career Center, West Holmes Local, Wooster City, Wooster Montessori and the Tri-County Educational Service Center (“The Board of Education”) and the undersigned (“Substitute”) agree to this contract to employ said substitute bus health care 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 HSP. 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/Pupil Service School Nurse Registration/Pupil Service School Nurse License, current background check, and an application form.*
4. *Valid for the 2024-2025 school year.*

SIGN HERE 

Employee Signature (no electronic signatures, please)

President, Tri-County Educational Service Center


Date

Treasurer, Tri-County Educational Service Center

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 3319.39 and Section 109.572, Revised Code.

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

SIGN HERE 

Employee Signature (no electronic signatures, please)

Date

For Office Use Only:

____ Signed Contract
____ License (STNA, LPN, RN, Pupil Service-School Nurse, Pupil Service
Registration)
____ I9 Form
____ I9 Documents

____ Copy of SSC
____ BCI/FBI Background Checks