

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

OR - Keep my preferences the same as last year.

| 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 Co. Board of DD (Dale Roy), Ashland Co.- West Holmes Career Center, Beacon Hill, Chippewa Local, Dalton Local, East Holmes Local, Green Local, Hillsdale Local, Loudonville-Perrysville Exempt. Village, Mapleton Local, Northwestern Local, Norwayne Local, Orrville City, Rittman Exempt. Village, Triway Local, Wayne Co. Board of DD, Wayne Co. School Career Center, Waynedale Local, West Holmes Local, Wooster City, Wooster Montessori, 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 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 non-renewal 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 **2025-2026** school year.*

"I understand and affirm that my electronic signature is the valid, legal equivalent of my handwritten signature, and that I am bound by my electronic signature in the same manner as my manual signature."



Employee Signature

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.

"I understand and affirm that my electronic signature is the valid, legal equivalent of my handwritten signature, and that I am bound by my electronic signature in the same manner as my manual signature."



Employee Signature

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
- _____ BCII/FBI Background Checks