

# TRI-COUNTY SCHOOLS SUBSTITUTE HEALTH SERVICE PROVIDER APPLICATION

(Available at our website [www.tricountyesc.org](http://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 ( <b>type and field of study</b> )
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 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 2024-2025 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
- \_\_\_\_\_ BCI/FBI Background Checks