

**INFORMATION REQUIRED FOR NEW SUBSTITUTE TEACHER**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ BCI                    \_\_\_ FBI

\_\_\_ Resume

\_\_\_ Ohio Department of Education Substitute Teaching License

\_\_\_ Southern Ohio ESC Substitute Teacher Application

\_\_\_ Southern Ohio ESC Substitute Applicant Statement

\_\_\_ One signed contract (sign-back side, with Name, SS# and address ONLY)

\_\_\_ Federal Tax form W-4

\_\_\_ Ohio State Tax form

\_\_\_ Ohio School District

\_\_\_ City/Municipality Tax form

\_\_\_ STRS Membership Enrollment form

\_\_\_ Terrorist Organization Declaration Public Employment Form

\_\_\_ SSA Form

\_\_\_ Direct Deposit

\_\_\_ I-9 form

\_\_\_ Policy Statement

\_\_\_ Social Security card

\_\_\_ Driver's license

**\*\*\*\*\* Please have the above forms turned in before substitute orientation\*\*\*\*\***