

105 South Fifth Street Ironton, Ohio 45638

(740) 532-4133 • Fax (740) 532-2314

Application for Substitute Employment

Name	Social S		Security Number	
Last	First Mi	ddle		
Address				
Number & Street				
City	State	Zip	Telephone Number	
PLEASE MARK THE SUBS	TITUTE AREA(S) FOR WHIC	H YOU ARE APPLYING		
Teacher	☐ (Bachelor Degree in A	ny Field of Study Required)		
Paraprofessional (Aide)				
Secretarial/Clerical				
Custodial				
Cook				
Bus Driver	☐ (Bus Driver CDL Licen	se Required)		
	may be contacted to testify as to app			
Previous Employer	Company	Supervisor	Supervisor Telephone Number	
REFERENCES Please list three persons (other than	relatives) who may be contacted to t	estify as to appropriate experience	ce ability and/or character	
Name	Title/Relationship	Address	Telephone	
	ed, asked to resign, or refused ase use additional sheets if ne		□ No	
swear/affirm that the information	ation supplied in this application	on is correct		
	icense and social secu	Sign	nature) (Date)	

As an Equal Opportunity Employer, Ironton City Schools complies with federal and state laws.