

Jackson-Milton Local Schools
Board of Education
14110 Mahoning Avenue
North Jackson, OH 44451
Telephone (330) 538-3232

SUBSTITUTE TEACHER APPLICATION

Date _____

Name _____ Phone _____

Address _____
City & State _____ ZIP _____

High School _____

College(s) _____

College Major SH or QH College Minor SH or QH

Certification: (Circle type you currently hold)

Temporary Provisional Professional Permanent Special

Indicate teaching field on your certificate: _____

Certificate Number _____ Date of Issue _____

Are you registered with the Mahoning County Board Office? Yes or No

Have you previously substituted in any other area? Yes or No

If yes, please complete below:

School District

School Year

**Please submit a copy of Current Teaching Certificate, Resume,
FBI and BCI Finger Print Verification**