

Substitute Teacher Application

Name _____

Address _____ City _____, KS Zip _____

Telephone # _____ Email Address _____

Do you have experience with Aesop? _____ Yes _____ No
(Automated Phone System for Substitutes) Your answer will not impact opportunities to substitute within our district.

Certificate Information

Expiration Date _____

Type of Certification: _____ Regular Teaching
_____ Regular Substitute
_____ Emergency Substitute
_____ Initial Teaching

Your Availability:

Days available to substitute: _____

Building preferences: _____

Substitute Teaching Experience

.....
Office Use Only - Additional information needed for file:

____ W4 ____ Loyalty Oath ____ I9 ____ 2 ID Forms

____ TB Test ____ Physical ____ Technology Form ____ Certificate

____ Direct Deposit ____ Emergency Notification

APPLICATION FOR EMPLOYMENT

**Jefferson West USD #340
3675 74th St, PO Box 267
Meriden, KS 66512**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone # _____ Cell # _____ Email _____

Referred By _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Willing to work (check any or all) _____ Full-time _____ Part-time _____ Substitute

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

EDUCATION

	Name and Location of School	Circle Last Year Completed	Year You Graduated	Subjects Studied and Degree(s) Received
High School		1 2 3 4		
College		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		

GENERAL

List specific skill areas:

FORMER EMPLOYERS List below your last four employers, starting with the most recent one first.

	Date Month and Year	Name and Address of Employer	Area Code & Phone Number	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

REFERENCES List below three persons not related to you, whom you have known at least one year.

	Name	Area Code & Phone Number	Position	Years Acquainted
1				
2				
3				

Do you have any physical or mental conditions which might interfere with your ability to perform the essential functions and assignments of the particular job(s) for which you are applying? Yes No. If yes, please describe how you perform the fundamental duties of this job and identify necessary accommodations.

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date _____ Signature _____

In case of Emergency, notify: _____
 Name Area Code & Telephone Number

(For OFFICE Use Only)

Interviewed by:

Date:

Comments: