

Application for Substitute Teaching

Clinton School District #124

“Transforming Potential into Performance.”

701 South Eighth Street * Clinton, MO 64735 * Telephone (660) 885-2237 * Fax (660) 885-7033

AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

Name _____

Last *First* *MI*

Address _____

Street *City* *State/Zip*

Home Phone _____

Which number can we use on our sub list: Home _____ Cell _____

University or College Attended: _____

Degree _____

Major _____

Total Hours _____

Social Security Number _____

Email Address _____

Cell Phone _____

Emergency Contact Name _____

Emergency Contact Cell Phone _____

Days Available : **Mon** **Tues** **Wed** **Thurs** **Fri**

Dates Not Available: _____

School Preference (Check all that apply)

CECC/ECSE	<input type="checkbox"/>	Middle School	<input type="checkbox"/>
Elementary (K-2)	<input type="checkbox"/>	High School	<input type="checkbox"/>
Intermediate School (3-5)	<input type="checkbox"/>	Technical School	<input type="checkbox"/>

References: (Please give the name, address, and phone number of three persons who are not related to you and who are not previous employers)

Name	Street	City	State/Zip

Have you ever been charged with, convicted or entered a plea, including a plea of *nolo contendere*, to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? Yes No If yes, please explain: _____

Signature: _____

Date: _____

FOR SCHOOL USE ONLY

Last Name _____

Submitted to DESE _____

Sub Certificate _____

Background Cleared _____

Added to Sub List _____