SUBSTITUTE TEACHING APPLICATION ONLY									
	Check here if Local Certificate								
Name									
Las	t	First	So	cial Security No.					
Address: Street	Phone	2	E-mail						
City			Zip						
PLEASE CHECK THE	E LEVEL(S) AT WHICH YOU A	REWILLING	G TO SUBSTITUTE:						
Elementary K-5	1iddle School 6-8 🗌 Second	lary 9-12	Special Education	PE Music ELL					
Indicate the grades o	r subjects you are willing to t	each in orde	r of preference.						
I	2	3		4					
Days Available		Beginning	Date Available						
REFERENCES : (Complete this section if references are not on file for a teaching position.) List only those people able to evaluate your teaching qualifications.									
Name	Positio	on	Address	Phone Number					
3 STUDENT TEACHING EXPERIENCE									
Name	Positio	on	Address	Phone Number					
l.									
3.									
EDUCATIONAL PREPARATION									
College or Univers	ity City and State	Dates	Major	Degree					
I									
2									
3.									

EMPLOYMENT EXPERIENCE

Employer Name		Position	Supervisor Na	ame and Pho	ne Number
I					
2					
3					
Have you ever received a tick offense relating to sexual or p	ket, been charged with	h an offense, bee		n convicted f	or a criminal
If you answered "Yes" to the agency(ies) involved, and the		•			
Have you ever had any licens reprimand or admonishment	•		•	-	•
Yes No					
If you answered "Yes" to the date(s), agency(ies) involved,			•		luding location(s),
Have you ever been involunta Yes No	arily terminated or asl	ked to resign, or	resigned in lieu o	ftermination	from employment?
If you answered "Yes" to the the date(s) and reason(s) for	above question, you the resignation or ter	must explain eac mination.	h situation includi	ng the name	of the employer(s),
To be a substitute for the Gr authorization from the Immig		•			
Yes No	lf no, do you l	have Employmen	t Authorization?	Yes	No
My signature below authorize information in connection wi criminal or civil convictions, and other appropriate source or use.	ith my application for driving records, previo	substitution. Th ous employers a	is investigation ma nd educational ins	ay include su stitutions, pei	ch information as
Futhermore, I certify that I ha knowledge that they may be					

falsifications or misrepresentation made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the Grand Island Public Schools.

Signature of Applicant

Date

It is the policy of the Grand Island Public Schools not to discriminate on the basis of race, color, national origin, sex, age, religion, marital or veteran status, or disability in its educational programs, activities or employment policies are required by Title VI, Title IX, and Section 504. EOE/AA Rev. 6-23-14