



APPLICATION FOR SUBSTITUTE POSITION

Date of Application ____ / ____ / 20__

1. PERSONAL DATA

Title: Dr. Mr. Ms. Mrs. (Circle)

Applicant's Name: _____
FIRST LAST M

Maiden Name: _____ Email: _____

Address: _____

(_____) _____ (_____) _____
Home Phone Cell Phone

2. EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: (_____) _____

Name: _____ Relationship: _____ Phone: (_____) _____

3. COLLEGE EDUCATION

Highest Degree:

Year of Graduation	School Name	School City/State	Major	Degree	Name used while attending

List any other areas of concentration (12 or more semester hours) other than programs of graduation listed above.

Student Teaching College/University _____ City _____ State/Country _____ Date Completed _____

Student Teaching Subject Areas: _____

Teaching Grade Levels: (Check) PK ____ K ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12 ____

4. NEVADA CERTIFICATION

Do you possess a valid Nevada teaching license Yes No Date issued ____ / ____ / ____ Exp Date ____ / ____ / ____

5. YEARS EXPERIENCE

Experience category

In public schools: State _____ Years _____ State _____ Years _____ State _____ Years _____
 In private schools: State _____ Years _____ State _____ Years _____ State _____ Years _____
Total Years _____

Relevant non-school related experience: _____

Related vocational years of experience: _____

Are you presently under contract? Yes No By another school district in Nevada? Yes No

Employer's Name: _____ Phone: (_____) _____ Date Available: _____

6. EMPLOYMENT PREFERENCES

Job/Subject Preference(s):

Activities you could coach:

Activities you could sponsor:

Special Interests:

List languages spoken fluently (other than English):

7. EMPLOYMENT RECORD (Breaks in Service MUST be explained on an attached sheet of paper)

Former Meadows School Applicant? Yes No If yes, date: _____

Former Meadows School Employee? Yes No If yes, dates of service: From _____ To _____

TEACHING EXPERIENCE: List all contracted experience in chronological order, beginning with the most recent assignment.

INCLUSIVE DATES				NO YRS IN POSITION	FULL TIME	PART TIME	PUBLIC/ PRIVATE	GRADE/ SUBJECT	NAME AND ADDRESS OF EMPLOYER
MO	YR	MO	YR						
									School: _____ Start Salary: _____ End Salary: _____ Supervisor's Name & Title: _____ _____ Address: _____ City: _____ ST _____ Zip _____ Phone Number () _____ Reason for Leaving: _____
									School: _____ Start Salary: _____ End Salary: _____ Supervisor's Name & Title: _____ _____ Address: _____ City: _____ ST _____ Zip _____ Phone Number () _____ Reason for Leaving: _____
									School: _____ Start Salary: _____ End Salary: _____ Supervisor's Name & Title: _____ _____ Address: _____ City: _____ ST _____ Zip _____ Phone Number () _____ Reason for Leaving: _____

9. SUPERVISORY REFERENCES

Applicants MUST list three (3) supervisory references who can attest to their teaching ability, including **complete address**. Failure to list required references will result in non-processing of the application. **Experienced teachers MUST list the three (3) most recent school administrators** who have supervised their teaching experience including current or last supervisor. New graduates **MUST** list Cooperative Teacher(s), University Professor (methods course). Failure to list required references will result in non-processing of the application.

- Name of Cooperative Teacher(s) or recent Administrative Supervisor: _____
Institution: _____ Street Address: _____
City: _____ State _____ Zip _____
Telephone # (____) _____ Fax # (____) _____ Email _____
- Name of Cooperative Teacher(s) or recent Administrative Supervisor: _____
Institution: _____ Street Address: _____
City: _____ State _____ Zip _____
Telephone # (____) _____ Fax # (____) _____ Email _____
- Name of Cooperative Teacher(s) or recent Administrative Supervisor: _____
Institution: _____ Street Address: _____
City: _____ State _____ Zip _____
Telephone # (____) _____ Fax # (____) _____ Email _____

10. RESTRICTED PERSONAL DATA

Criminal Record (All Applications)

At the time of employment your fingerprints will be researched by local, state and federal law enforcement agencies. Your employment with The Meadows School is temporary and probationary pending successful processing of your fingerprints. Sealed or expunged records must be revealed unless the records were expunged or sealed by court order in Nevada. Your omission of any criminal history will result in your immediate termination. The following questions must be answered truthfully:

1. Are you able to perform the essential tasks of the job for which you are applying? Yes No
2. Have you ever been convicted of an offense other than a minor traffic violation?
(DUI and DWI convictions ***are not minor*** and must be reported.) Yes No
3. Have you ever been arrested for a felony? Yes No
4. Have you ever been charged with a felony? Yes No
5. Have you ever been convicted of a felony? Yes No
6. Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex related offense? Yes No
7. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex related offense? Yes No
8. Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex related offense? Yes No
9. Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug related offense? Yes No
10. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug related offense? Yes No
11. Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug related offense? Yes No
12. Have you ever been arrested for an act of violence, including domestic violence? Yes No
13. Have you ever been charged with an act of violence, including domestic violence? Yes No
14. Have you ever been convicted of an act of violence, including domestic violence? Yes No
15. Has your professional license ever been revoked? Yes No
16. Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed agreement? Yes No
17. Have you ever been the subject of an investigation by a school district or any other employer? Yes No
18. Have you ever had sanctions placed on your teaching certificate for any reason? Yes No
19. Have you ever been denied a teaching certificate anywhere? Yes No
20. Is disciplinary action currently pending anywhere against your certificate? Yes No

IF YOU ANSWERED YES TO ANY OF THE LAST NINETEEN QUESTIONS, YOU MUST DIRECT A CONFIDENTIAL LETTER TO THE HEAD OF SCHOOL AND HUMAN RESOURCES OFFICE EXPLAINING THE SITUATION(S). PLEASE INCLUDE COPIES OF THE ARREST RECORD(S) AND ANY COURT DISPOSITION DOCUMENTS.

Note: Existence of a criminal record does not constitute an automatic bar to employment.

11. THIS DOCUMENT IS NOT A CONTRACT OR OFFER OF EMPLOYMENT

READ and SIGN: I understand that any false statements, misrepresentation, or omission of facts from any employment document are grounds for dismissal or removal of consideration for employment. I hereby certify that the statements above are true and correct to the best of my knowledge or belief. I understand that before compensation is possible I must provide the personnel office with verification of the education listed in #2 and the fingerprinting process must be completed. I waive the right to hold liable those persons whose names appear on the application form. I authorize The Meadows School to request any information in writing or orally from my previous employers, professional references, and the Nevada State Department of Education. I agree that all such information provided will remain confidential and unavailable for my review and hold The Meadows School and its employees, as well as my previous employers, supervisors, and references, or applicable law enforcement agencies harmless for any information provided.

APPLICANT'S SIGNATURE (as you want it to appear on our records)

AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY

AGREEMENT SALARY/HOURLY RATE: _____

YEARS OF EXPERIENCE FACTOR: _____

START DATE: _____

HEAD OF SCHOOL: _____

DIVISION DIRECTOR: _____