

SUBSTITUTE TEACHER APPLICATION FORM

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Do you hold a Substitute Teacher's Permit? _____ or

Do you hold an Indiana Teacher's License? _____

If yes, give the license number and endorsement: _____

If no, complete Application for Indiana Substitute Teaching Permit.

Teacher Retirement Number _____

Would you prefer elementary, intermediate, or high school or all schools: _____

Please attach a resume listing:

- Work history (most recent job first)
- Positive experience working with children (e.g., day care, cadet teaching, camp work, life guarding, private or public school work, church youth work, etc.)
- Copy of transcript to verify 30 hours of credit if you do not have a license

Also complete:

- Employment Eligibility Verification Form (I-9) and provide needed forms of proof (Driver's License & Social Security Card).
- Direct Deposit Authorization Form (attach a voided check if depositing in a checking account or deposit slip if depositing in a savings account).
- W-4

The Southeast Dubois County School Corporation is an Equal Opportunity Employer and, as such, does not discriminate in hiring or employment on the basis of race, color, sex, age, disability, limited English proficiency, marital status, religion or national origin. No question on this form is intended to secure information to be used for such discrimination. This complies with all federal regulations prohibiting discrimination & pertains to matters of admissions, employment, and access to programs & activities. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. As an employee of Southeast Dubois County School Corporation, you are eligible for a voluntary employee contribution to a 403(b) annuity.

I certify that all statements on this application and the attached resume are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for termination. I authorize investigation of all information concerning my previous employment and any pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date Signed

ALL REQUIRED FORMS MUST BE COMPLETED & RETURNED BEFORE WE CAN PUT YOU ON THE SUBSTITUTE LIST.