



CHARLEROI AREA SCHOOL DISTRICT
APPLICATION FOR EMPLOYMENT AS A SUBSTITUTE
TEACHER OR NURSE



NAME _____
 (First) (Middle Initial) (Last)

MAILING ADDRESS _____
 (Street) (City & State) (Zip)

TELEPHONE _____ EMAIL _____

CERTIFICATION

<u>Type</u>	<u>Date Issued</u>	<u>Specific Subject</u>

EDUCATION

High School _____ City _____ State _____ Year Graduated _____

College _____ State _____ Date _____ Degree _____

POST GRADUATE

_____ (School) _____ (Date) _____ (Credits) _____ (Degree)

EXPERIENCE

<u>School District, City, State</u>	<u>School</u>	<u>Grade</u>	<u>Date</u>

REFERENCES Names, addresses and phone numbers of three persons qualified to evaluate your teaching ability and two character references.

(PLEASE COMPLETE THE REVERSE SIDE)

PLEASE NOTE

Applicants must present the following items with this application before the application will be considered:

- _____ Pennsylvania Teaching Certificate
- _____ College Transcript
- _____ Social Security Card
- _____ School Personnel Health Physical
- _____ Tuberculosis x-ray or skin test report as required by Pennsylvania School Law.
- _____ Employment Eligibility (I-9)
- _____ W-4
- _____ Residency Certification Form
- _____ Criminal History Record Clearance – Act 34
- _____ Child Abuse Clearance – Act 151
- _____ Federal Criminal History Clearance (Fingerprints) – Act 114
- _____ Arrest/Conviction Report and Certification Form – Act 24
- _____ Mandated Reporter Training-Act 126
- _____ Sexual Misconduct/Abuse Disclosure Release – Act 168

This application for substitute employment carries with it an agreement by the applicant to the following:

1. Applicant will be available to receive calls for substitute work.
2. Applicant is willing and available to work in:
_____ Elementary Center _____ Middle School _____ High School

SIGNATURE _____

DATE _____