

Potlatch School District No. 285
Substitute Teacher Application Form

Name (First) (Middle) (Last) Date

Telephone # Email

Address City State Zip

Qualifications

Educational Degree _____ Date _____

Teacher Certification _____ Date _____

Circle those grade levels for which you will substitute:

K 1 2 3 4 5 6 7 8 9 10 11 12

List any limitation which you may have on subject areas and the days you could substitute:

List at least three (3) references who are knowledgeable about your ability to effectively deal with children of the grade levels you have circled above:

Name	Telephone #
_____	_____
_____	_____
_____	_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize School Districts, Institutions of Higher Learning and individuals either employed by the same or otherwise, with knowledge of my professional and personal qualifications to furnish to Potlatch School District No. 285 any and all information regarding me in order that authorities of said District may determine my suitability for the position for which I have applied.

I authorize authorities of Potlatch School District No. 285 to make inquiry of my present and past employers and/or professional associates regarding my character, integrity and reputation. Exceptions, if any, are:

Signed _____ Date _____

*Idaho code 33-130 requires a Background check be completed for all employees.
*This application must include a set of fingerprints and a check for \$28.25 made out to **The State Department of Education** to cover the cost of a background check.