

# Potlatch School District #285

## Substitute Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Email address is required)

Mailing Address: \_\_\_\_\_

Physical Address (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

### I AM INTERESTED IN SUBBING FOR THE FOLLOWING POSITIONS:

\_\_\_ **Teacher**

- Certified Pay Rate \$120/ Day \*Must provide a copy of your Idaho Teaching Certificate
- Non-Certified Pay Rate \$105/Day

\_\_\_ **Aides/ Paraprofessional**

- Pay Rate of \$15.00/Hour

\_\_\_ **Custodial**

- Pay Rate of \$15.00/ Hour

\_\_\_ **School Lunch/ Cook**

- Pay Rate of \$15.00/Hour

\_\_\_ **School Secretary**

- Pay Rate of \$15.00/ Hour

\_\_\_ **Bus Driver** Must also complete the [Bus Driver Application](#)

- Pay Rate \$19.00/ Hour

### PLEASE INDICATE WHICH GRADE LEVELS YOU WOULD LIKE TO SUBSTITUTE FOR:

\_\_\_ Any Grade Level

\_\_\_ Elementary School Only

\_\_\_ Jr-Sr High School Only

If you have specific grade levels you would like to substitute for, please list them here:

\_\_\_\_\_  
\_\_\_\_\_

Please list any limitation which you may have on subject areas, and days you are available to substitute.

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Name of School/ University	Years Attended	Degree/ Certificate Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT HISTORY:**

Employer	Telephone Number	Position Held	Years Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES:**

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	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 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 associations 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.**

Fingerprint Packets are available at the Potlatch School District Office, 635 Pine Street, Potlatch, ID 83855. Please contact (208) 875-0327 with questions.