Bethel Public Schools Substitute Teacher Application

Date: _____

Personal Information

Name _____ Social Security No. _____ Date Available: _____
Last First Middle (optional)

Days Available: _____

Address _____ Home Phone _____
Street or Box City State Zip

Sex: F M Cell Phone _____

Do you have a relative who is either a member of the Bethel Board of Education or who is employed in any capacity with Bethel Public Schools? ___Yes ___No

If yes: Name of relative _____ Relationship _____ Position Held _____

Professional Preparation

Diploma/Degree

High School _____ Yes ___ No ___
Institution Town State

College _____ Yes ___ No ___ Major _____
Institution Town State

Certification

Oklahoma Teaching Certificate # _____
Copy of certification must be on file in the personnel office

Valid From _____ to _____

Area of Certification _____

Substitute Teaching Preference: (please select all that apply)

_____ **Elementary**
_____ **Middle School**
_____ **High School**
_____ **Special Ed**

Previous BPS Experience

Have you ever been employed by Bethel Public Schools previously? ____Yes ____ No If yes, date_____

Are you currently paying monthly contributions to Oklahoma State Teacher's Retirement System? ____Yes ____No

Are you a retired member of Oklahoma Teachers' Retirement receiving a monthly retirement check? ____Yes ____No

References/Experiences

School/Business	City/State	Subject/Grade Taught	Date From-To	Type of School Public or Private

Name	Street, City, State and Zip	Phone	Relationship