

Potlatch School District #285

Substitute Application Form

Name: _____ Date: _____
(First) (Middle) (Last)

Birthdate: _____

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 \$17.57/ 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 \$32.00 made out to Potlatch School District 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.