

Genesee Joint School District No 282
P O Box 98
Genesee, ID 83823

**APPLICATION FOR EMPLOYEMENT
SUBSTITUTE APPLICATION**

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone No: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____
*Disclosure of Social Security No is optional *Disclosure of DOB is optional

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you been fingerprinted by the SDE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:	_____	

Positions Requested (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Substitute Elementary Teacher | <input type="checkbox"/> Substitute ELC Aide |
| <input type="checkbox"/> Substitute Secondary Teacher | <input type="checkbox"/> Substitute Food Services |
| <input type="checkbox"/> Substitute ELC Director/Lead Teacher | <input type="checkbox"/> Substitute Custodian |
| <input type="checkbox"/> Substitute Paraprofessional / Classroom Aide | <input type="checkbox"/> Substitute Bus Driver (CDL required) |
| <input type="checkbox"/> Substitute Office Staff, Secretaries, etc. | <input type="checkbox"/> Other: _____ |

Days Available: Monday Tuesday Wednesday Thursday Friday

Half-Day Assignments Accepted? Yes No

Current Valid Teaching Credentials/Licenses: Idaho Certificate: Yes No

State Issuing	Type of Certificate	Subject Area(s)	Expiration Date

note: please attach a copy of valid certificates to application.

Please complete the following for substituting:

SUBJECT PREPARATION: (use the following to indicate your level of competence in each class area below.)

CODE LEVEL OF PREPARATION CODE LEVEL OF PREPARATION

- A. Could teach without direction.
- B. Could teach with specific lesson plans.
- C. Could direct the class in planned activities.
- D. Could direct class in an emergency.
- E. Unwilling to substitute in the subject.

Please code every area below using the codes above (A, B, C, D, or E)

- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> CHEMISTRY | <input type="checkbox"/> CALCULUS | <input type="checkbox"/> KEYBOARDING | <input type="checkbox"/> CHOIR |
| <input type="checkbox"/> BIOLOGICAL SCIENCE | <input type="checkbox"/> GEOMETRY | <input type="checkbox"/> COMPUTERS | <input type="checkbox"/> BAND |
| <input type="checkbox"/> EARTH SCIENCE | <input type="checkbox"/> SPEECH | <input type="checkbox"/> BUSINESS ED. | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> PHYSICAL SCIENCE | <input type="checkbox"/> SPECIAL ED. | <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> DRAMA |
| <input type="checkbox"/> PHYSICS | <input type="checkbox"/> TITLE 1 | <input type="checkbox"/> MATH 7/8 | <input type="checkbox"/> CULINARY ARTS |
| <input type="checkbox"/> GRADES K-3 | <input type="checkbox"/> GRADES 4-6 | <input type="checkbox"/> ENGLISH | <input type="checkbox"/> LIBRARY |
| <input type="checkbox"/> HISTORY | <input type="checkbox"/> ART | <input type="checkbox"/> SPANISH | <input type="checkbox"/> HEALTH |
| <input type="checkbox"/> ALGEBRA | <input type="checkbox"/> GEOGRAPHY | <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> PHYSICAL ED. |

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Highest Degree: High School AA BS/BA MS/MA PhD/EdD

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

APPLICANT'S CERTIFICATE AND RELEASE Read Carefully Before Signing THIS APPLICATION IS NOT A CONTRACT OF PERMANENT EMPLOYMENT AND CANNOT CREATE ANY SUCH CONTRACT. I UNDERSTAND THAT IF EMPLOYED BY THE SCHOOL DISTRICT, I AGREE TO ABIDE BY ITS POLICIES, RULES, AND REGULATIONS INCLUDING, BUT NOT LIMITED TO, THOSE CONTAINED IN THE GSD POLICY MANUAL AND THE GEA MASTER AGREEMENT.

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for subsequent dismissal if I am hired. I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any or all of them blameless and free of liability for releasing any truthful information that is within their knowledge or records. Indicate by number any of the above employers whom you do not wish us to contact (school districts excluded): _____. This District is also hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment or application.

Substitute Employee Agreement

As a substitute employee for Genesee Joint School District No. 282, I agree to:

- Follow all district policies and procedures.
- Maintain professional conduct with students and staff.
- Follow lesson plans provided by the regular employee when applicable.
- Maintain student confidentiality in accordance with federal and state laws including FERPA.
- Report to the building office upon arrival and follow check-in procedures.
- Notify the district if my availability changes.

I understand that substitute employment is on an as-needed basis and does not guarantee a minimum number of workdays.

Signature: _____ Date: _____

District Office Use Only:

Application Received: _____

Background Check Completed: _____

Added to Substitute List: Yes No

Start Date: _____