

Substitute Teaching Application Form

Gayville-Volin School District  
100 Kingsbury Street  
P.O. Box 158  
Gayville, South Dakota 57031

Gayville-Volin School District is an equal opportunity employer and does not discriminate because of race, color, age, sex, marital status, religion, disability, national origin or veteran's status. As a condition of employment, all applicants will be subject to a legal verification of criminal history, work history, and reference information. All offers of employment are contingent upon verification of all data contained throughout this application.

PERSONAL DATA

Are you a military veteran? YES \_\_\_ NO \_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security# \_\_\_\_\_

Address \_\_\_\_\_

(street) (City) (State) (Zip)

Phone( ) ( )

(Daytime) (Evening/weekends)

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

If so, identify \_\_\_\_\_

CERTIFICATE INFORMATION

Do you have a teaching certificate? \_\_\_\_\_ If not, have you applied? \_\_\_\_\_

Please attach a certificate copy if applicable.

EXPLAIN ANY TEACHING EXPERIENCE YOU MAY HAVE (grade(s) taught, number of years, school name, years of employment)

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

COLLEGE INFORMATION (if applicable)

Name of college(s) \_\_\_\_\_

City, State, Zip, \_\_\_\_\_

Number of years Completed \_\_\_\_\_

Did you graduate with any type of degree? \_\_\_ Yes \_\_\_ No

If yes, Degree \_\_\_\_\_ Major \_\_\_\_\_

Graduation Date \_\_\_\_\_

SUBSTITUTE TEACHING PREFERENCE \*You may mark more than one.

Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

Subject preference \_\_\_\_\_

PRIOR WORK HISTORY

Must include complete address and zip code. List most recent first.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_

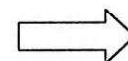
Duties: \_\_\_\_\_

Dates(Mo.Yr.) From \_\_\_\_\_ To \_\_\_\_\_

Salary Beginning: \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*Please complete other side



Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates(Mo.Yr.) From \_\_\_\_\_ To \_\_\_\_\_  
Salary Beginning: \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates(Mo.Yr.) From \_\_\_\_\_ To \_\_\_\_\_  
Salary Beginning: \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

REFERENCES

(Give name and telephone number of three BUSINESS references who are not related to you)

Name _____	Relationship _____	Phone-Day( ) _____
Name _____	Relationship _____	Phone-Day( ) _____
Name _____	Relationship _____	Phone-Day( ) _____

I authorize the Gayville-Volin School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution or government agency to provide the Gayville-Volin School District with information they have regarding me. I hereby release and discharge the Gayville-Volin School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment is conditional based upon a completed criminal background check.

\_\_\_\_\_  
Signature Date

Office Use Only Background Check Date Received: Application Approved By:
--