



WEST NODAWAY R-I SCHOOL

17665 US HIGHWAY 136

PO BOX 260

BURLINGTON JCT., MO 64428

PHONE: (660) 725-3317 FAX: (660) 725-4300

"Home of the Rockets"



Tim Conn

Pre-K-6 Principal
tconn@wnrockets.com

Dr. Mitch Barnes

Superintendent
mbarnes@wnrockets.com

Dr Mitch Barnes

7-12 Principal
mbarnes@wnrockets.com

SUBSTITUTE TEACHING APPLICATION

(Please type or print)

Note: Applications will be held for two (2) years only, unless renewed by applicant.

NOTICE OF NONDISCRIMINATION

Application for admission and employment, students, parents of elementary and secondary school students, employees, sources of referral of applicants for admission and employment, and all union or professional organizations holding collective bargaining or professional agreements with West Nodaway R-I Schools are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning West Nodaway R-I Schools' compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact the Superintendent of Schools, P.O. Box 260, Burlington Junction, MO 64428, 660-725-4613. The Superintendent of Schools has been designated by West Nodaway R-I Schools to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX and Section 504. Any persons may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with regulations implementing Title VI, Title IX, or Section 504.

Superintendent

In accordance with Drug Free Public Law 101-226, the building and school premises will be tobacco, alcohol and drug-free. The use of illicit drugs, the unlawful possession and use of alcohol is wrong and harmful. Compliance with these standards of conduct is mandatory.

DATE: _____

NAME: _____ DOB: _____ SSN: _____
Last First MI

PRESENT ADDRESS: _____
911 address PO Box City State Zip

TELEPHONE NO. HOME. () _____ CELL PHONE NO. () _____

EMAIL ADDRESS: _____

APPLICATION FOR SUBSTITUTE CERTIFICATE OF LICENSE TO TEACH HAS BEEN COMPLETED. _____ YES _____ NO

DO YOU PRESENTLY HOLD A MISSOURI TEACHING CERTIFICATE?

_____ YES MAJOR COURSE OF STUDY: _____

IF YES, PLEASE PROVIDE A COPY OF YOUR TEACHING CERTIFICATE AND A TRANSCRIPT TO THE SECRETARY OF THE SUPERINTENDENT.

_____ NO

IF NO, HAVE YOU COMPLETED AT LEAST 60 CREDIT HOURS OF STUDY FROM A STATE APPROVED COLLEGE?

_____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF, PLEADED GUILTY TO, PLEADED "NO CONTEST" TO, OR BEEN FOUND GUILTY OF ANY FELONY OR CRIMINAL MISDEMEANOR? _____ YES _____ NO (IF YES, PLEASE ATTACH AN EXPLANATION OF EACH INSTANCE.)

PLEASE INDICATE THE POSITIONS FOR WHICH YOU ARE INTERESTED IN SUBSTITUTING:

_____ ELEMENTARY _____ MIDDLE SCHOOL _____ HIGH SCHOOL

PLEASE CIRCLE THE DAY YOU ARE AVAILABLE TO WORK: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

I AM AVAILABLE TO SUB 1/2 DAYS: _____ YES _____ NO PLEASE INDICATE TIME: _____ AM _____ PM _____ BOTH

REFERENCES

NAME	ADDRESS	PHONE NO.	POSITION/RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT THE INFORMATION INCLUDED ON AND WITH THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I AUTHORIZE THE VERIFICATION OF SAME AND THAT REFERENCES TO BE SOLICITED BY THE SCHOOL DISTRICT MAY BE REGARDED AS CONFIDENTIAL.

DATE: _____

APPLICANT'S SIGNATURE

I AUTHORIZE WEST NODAWAY R-I SCHOOLS TO MAKE ANY INVESTIGATION OF MY PERSONAL OR EMPLOYMENT HISTORY AND AUTHORIZE ANY FORMER EMPLOYER, PERSON, FIRM, CORPORATION, CREDIT AGENCY, OR GOVERNMENT AGENCY TO GIVE WEST NODAWAY R-I SCHOOLS ANY INFORMATION THEY MAY HAVE REGARDING ME. IN CONSIDERATION OF WEST NODAWAY R-I SCHOOLS' REVIEW OF THIS APPLICATION, I RELEASE THE WEST NODAWAY R-I SCHOOLS AND ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY AS A RESULT OF FURNISHING AND RECEIVING THIS INFORMATION.

DATE: _____

APPLICANT'S SIGNATURE

Due to the nature of our teaching and the students we work with, information learned concerning, but not limited to students, disabilities, behaviors, etc. should not be shared with anyone outside the school building, and should only be shared with persons inside the school building on a need to know basis. Should you have questions regarding what information you are at liberty to discuss while you are substituting at West Nodaway R-I please contact an administrator. By signing below you are stating you will adhere to this confidentiality policy.

DATE: _____

APPLICANT'S SIGNATURE

RETURN APPLICATION TO:

**OFFICE OF SCHOOL SUPERINTENDENT
WEST NODAWAY R-I SCHOOL DISTRICT
PO BOX 260
BURLINGTON JCT., MO 64428**

It is the policy of the West Nodaway R-I School District not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990.

Persons with a grievance should contact the Superintendent at the West Nodaway R-I Administration Office, PO Box 260, Burlington Junction, MO 64428, Telephone 660-725-4613.