



Alaska Gateway School District

PO Box 226, Tok, AK 99780

Phone: 907-883-5151 Fax: 907-883-5154

Substitute Application

The Alaska Gateway School District is an Equal Opportunity Employer

Position /Site Applying For: _____

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____

Do you have a valid Alaska Driver's License?
License Number: _____

Are you a citizen of the United States? YES NO Have you ever changed your name?
If yes, list all previous names used.

If no, are authorized to work in the U.S.? YES NO Work Permit/Green Card Number: _____

Have you ever been convicted or plead no contest to a misdemeanor or felony of any kind? YES NO If yes, explain: _____

All substitutes must sign our release for a background check (attached)

Education (Provide a copy of transcripts or diploma earned)

Highest Year of High School Completed: _____ Date last attended: _____ Did you graduate? YES NO

College/ Training: _____ Degree/ Diploma (Year): _____

Previous Employment (Use additional pages as needed)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service (Include a copy of your DD214)

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

References (Use additional pages as needed)

Please list three professional or personal references.

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____