Bloomfield R-XIV School District 505 Court Street Bloomfield, MO 63825 Phone# 573-568-4564 Fax # 573-568-4565

Name:					
Last name	First Name	Middle			
SS#:					
Email Address:					
	RS? If yes: How many you many years of service do you have in Ed				
Do you have a college degree?	What degree do you have?				
What areas would you like to be c	onsidered for substituting?				
Elementary	entary Middle School High School				
Special Education	al Education Pre School Juvenile				
Days you are available to substitu	te:				
Monday Tuesd	ay Wednesday Thur	sday Friday			
Please submit your Substitute Certif	icate to the Central Office once you have co	ompleted your DESE submittal.			
COLLEGE INFORMATION: A Co	ollege transcript must be attached to this	application.			
Name Of College	City and State	# of Degree			

Work experience: Begin with the most recent job

Work Place	Employer name	Address	Phone #	Worked from/to

References: Please include any school you have substituted in.

Name	Address	Phone Number	Occupation

The State of Missouri requires a FBI Fingerprint background check for any person who may come in contact with students. Attached is information where you may go for your fingerprint check.

Statement of Non-Discrimination

"Bloomfield School District R-XIV as an employer and as an educational institution, is committed to the principals of non-discrimination and equal opportunity for all persons. These commitments are actively pursued in all aspect of both campus and community relationships and without regard to race, color, religion, sex, age, handicap, or national origin. The designated coordinator for district wide compliance is the superintendent of schools."