

Substitute Teaching Application Form

Leola School District 44-2
PO BOX 350
Leola, SD 57456-350
Telephone: (605) 439-3142

Leola School District 44-2 is an equal opportunity employer and does not discriminate because of race, color, age, sex, marital status, religion, disability, national origin or veteran 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.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

PERSONAL DATA

Date

Name

Social Security #

Address

(Street)

(City)

(State)

(Zip)

Phone

()

()

(Phone)

(Cell Phone)

(E-mail address)

Have you ever been convicted of a felony?

☐ yes

☐ no

If so, identify

CERTIFICATE INFORMATION

Do you have a teaching Certificate? If so, please attach a copy

☐ yes

☐ no

If not, have you applied?

☐ yes

☐ no

STUDENT TEACHING EXPERIENCE

Name of School

Dates

City, State, Zip

Cooperating Teacher

Grades/Subjects Taught

EDUCATION

Name of High School

Number of Years Completed

City, State, Zip

Did you Graduate

Name of College

Number of Years Completed

City, State, Zip

Did you Graduate

Course of Study

Diploma or Degree Received

SUBSTITUTE TEACHING PREFERENCE

Elementary

☐

Middle School

☐

High School

☐

EA/Clerical

☐

Subject preference

PRIOR WORK HISTORY - Must include complete address and zip codes. List most recent first.

Name, Address, and Telephone Number of Employer:

()

Job Title: _____ Supervisor: _____ May we contact? _____

Duties: _____

Dates (Mo / Yr.): From: _____ To: _____

Salary: Beginning: _____ Ending: _____

Reason for Leaving: _____

Name, Address, and Telephone Number of Employer:

()

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	()
_____	_____	_____	_____

Name Date

I authorize the Leola 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 Leola School District with information they have regarding me. I hereby release and discharge the Leola 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.