

SUBSTITUTE TEACHING APPLICATION

SOUTH HOLT R-I SCHOOL DISTRICT
201 South Barbour Avenue
Oregon, MO 64473
660-446-2282 Fax 660-446-2312

Date _____

I. PERSONAL DATA

Name _____ Soc. Sec. No. _____

Present Address _____
Street City State Zip

Telephone _____

II. PROFESSIONAL PREPARATION

Colleges Attended and Dates _____

Undergraduate Hours _____ Graduate Hours _____ Degree(s) Held _____

Type of Certification _____ State of Certification _____

Do you have a Substitute Teaching Certificate or have you applied for one **this** school year? _____

Have you had a fingerprint background check (FBI and MoSHP) done **this** school year? _____

If yes to the above questions, through what school district? _____

(Please provide copies of transcripts and any certificates you hold.)

Have you ever been convicted of, pleaded guilty to, pleaded "no contest" to, or been found guilty of any felony or misdemeanor? _____ (If yes, please attach an explanation of each instance.)

III. REFERENCES

Name Relationship Phone Best time to call

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III. PREFERENCES AND AVAILABILITY

Elementary (Kindergarten – 6th grades) _____ Middle/High School (7th – 12th grades) _____

What days of the week are you available? (Monday – Friday) _____

Signature _____