

# Substitute Application Verification

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Please check all that apply:

Regular Ed Teacher \_\_\_ Special Education Teacher \_\_\_ Regular Ed Aide \_\_\_ Special Education Aide \_\_\_  
Custodian \_\_\_ Kitchen \_\_\_ LES \_\_\_ LMHS \_\_\_ Bus Driver Spec. Ed \_\_\_

Please list any subjects or locations that you may prefer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any subjects or locations not interested in subbing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Required Documents	Application/Credentials	___
	Background Check	___
	W4 State & Federal	___
	I-9 Employment Eligibility	___
	Direct Deposit (Required)	___
	Teaching License Verification	___
	Physical/CDL (Bus Driver Only)	___

Date Application Approved: \_\_\_\_\_