

SUBSTITUTE TEACHER APPLICATION

Type or Print Complete All Information

NAME _____ DATE: _____
(Last) (First) (Middle)

ADDRESS _____ STATE _____ ZIP _____

TELEPHONE _____ ALT PHONE _____ S.S# _____ - _____ - _____

MARITAL STATUS _____ NUMBER OF CHILDREN _____

EDUCATION: HIGHEST GRADE COMPLETED _____ YEARS OF COLLEGE _____

If Degree Received, List Name of College _____
Year Received _____ Degree Received _____

Are you a retired teacher ___ YES ___ NO If yes, what year retired _____

Are you receiving Monthly Benefits from the Retirement System? _____ YES _____ NO

Have you ever substituted for Walthall County School? ___ YES ___ NO If yes, when? _____

Last Work Experience: _____ Telephone _____
(Name and Address of Company)

Nature of Work _____

Any health problems that might restrict your ability to perform your duties? ___ YES ___ NO
If so, please list _____

Check the Location that you wish to work:
___ Dexter ___ Salem ___ Ty Primary ___ Ty Elementary ___ Ty High ___ Vo-Tech

I AGREE TO COMPLY WITH THE SCHOOL BOARD POLICIES AND ALL THE STATE AND FEDERAL LAWS AS RELATED TO THIS JOB AND I UNDERSTAND AND AGREE THAT IN THE EVENT I BECOME SUSPECTED OF SUBSTANCE ABUSE, THE BOARD OF EDUCATION MAY REQUIRE RANDOM DRUG SCREENING FOR THE CONTINUED EMPLOYMENT OR BE RELEASED OF DUTIES. _____ (INITIAL)

WALTHALL COUNTY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER, WHICH COMPLIES WITH THE CIVIL RIGHTS ACTS OF 1984 AND 1981, PUBLIC LAW 901-201 AND THE EDUCATIONAL AMENDMENT OF 1972 TITLE IX AND SECTION 504 OF THE REHABILITATION ACT OF 1973 AS AMENDED (29 U.S.C 794)

Applicant Name

Date

Superintendent of Education _____

Approval Date _____

Please submit application in person. Required documents include: social security card, driver license and \$50.00 cash for a background check which is done at WCSD Central Office.