

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 Schools? ___ 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