

APPLICATION FOR SUBSTITUTE TEACHING

OFFICE OF THE SUPERINTENDENT
LONE JACK C-6 SCHOOL DISTRICT
LONE JACK, MO 64070
Telephone: (816) 697-3539
Fax: (816) 697-8869

FILL IN ALL BLANKS ACCURATELY AND COMPLETELY

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

Social Security No: _____ Phone No: _____

Are you certificated in Missouri? _____ Yes _____ No

If yes, degree received in: Year: _____ From: _____
Year: _____ From: _____

If no, number of college hours: _____ From: _____

Have you had experience working around children ages 5 to 18? _____

Will you substitute in elementary, high school, or both? _____

If you are not available for every day of the week, please list the days you are available. _____

JOBS HELD PAST THREE YEARS

<u>Employer</u>	<u>Supervisor</u>	<u>Type of Work</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When you return this application, please include a copy of your teaching certificate or a copy of your college transcript.

At the bottom of this application, please list the names, addresses and telephone numbers of three people who can speak to your character and/or skills needed for the job you are applying.

Signed _____ Date _____

The Lone Jack School District is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, sex, age or religion.