



Application for Substitute

Last Name	First Name	Middle Name
Address		
City	Zip Code	Phone Number
Email Address		

Education

Schools	Name and Location	Course of Study	Degree/Diploma
High School			
College or University			
Graduate or Professional			
Certificate/ Other			

Experience/Work History

Name of Employer	Address	
Job Title	Supervisor's Name	May we contact employer? Yes No
Dates Employed	Contact Number	
Description of Duties		

Have you ever been convicted of a felony? YES _____ No _____

Have you ever had an abuse, neglect or child maltreatment substantiation? YES _____ No _____

If yes, please explain. _____

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I also understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed.

Signature of Substitute _____ **Date** _____



Substitute Job Description

This job description has been written to help you when assisting in a classroom.

Hours: 8:45am-12:15pm or 1:15pm

Pay: \$40 for 3 hours and \$50 for 4 hours

Assist the lead teacher all morning:

- During free choice time, move around the room helping the children with various activities or stay at a particular center assisting the children as directed by the teacher.
- Help with clean up time, wash tables, and prepare for snack.
- Help the children with bathroom and hand washing.
- When the teacher has group time, sit with the children unless otherwise directed.
- Help get children ready for recreation by putting on coats, etc. It is important to STAY WHERE THE CHILDREN ARE!
- Stay with the class and participate during MUSIC, FIT KIDS, etc.
- Help the children prepare to go home, bags packed, coats on, etc.
- At the end of the day, spray the room clean and place chairs on the tables so the room can be vacuumed.

Background Check Consent Form

Name _____ Date _____

Address _____

Phone Number _____ Email Address _____

Driver's License Number _____ State _____

Social Security Number _____ (required for background check)

Date of Birth _____ (required for background check)

I authorize a background check to verify the information I have provided, and I understand that a record of information obtained will be kept in a confidential file. I authorize any person, firm, institution, or agency contacted to furnish the aforementioned information and I release all parties involved from any liability and responsibility for doing so.

I also sign this release as my own free act in exchange for the opportunity to serve. This authorization shall be valid in original, faxed, electronic, or copied form.

Signature of Substitute _____ Date _____

Preferred method of contact (list 1st, 2nd, or 3rd by each choice)

TEXT _____ PHONE CALL _____ EMAIL _____

Days Available (check all available)

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____