

Drexel R-IV School District

Home of the Bobcats

APPLICATION FOR SUBSTITUTE TEACHING

Please complete the following information and return this form along with a copy of your transcript(s) and teaching certificate to the superintendent's office.

Name _____ Phone _____
Last First MI

Address _____
Street City State Zip

Email Address _____

Certificate Information

Do you have a valid Missouri State Teaching Certificate in force: YES NO

If yes, Type _____ Number _____ Expires _____

Subject(s) / Grade(s) _____

College Major _____ Minor _____

Do you have a Missouri State Substitute Certificate: YES NO

If yes, with what Missouri School District _____

Professional Preparation:

College / University	City & State	From – To	Degree	Semester Hours

Teaching Experience of Recent Work Experience:

Name of School / Firm		Location	Subjects / Grades taught or work performed	Dates From – To	# of years

References: If an experienced teacher, include superintendents, principals and supervisors with whom you have taught. If a beginning teacher, list those individuals who could best describe your experiences in education. List most recent first. **NOTE:** You must fill out three references for your application to be complete.

NAME	PHONE NUMBER	TITLE / OCCUPATION

Interest / Special Areas: What special areas do you feel like you can teach or activities that you can successfully direct? Please circle all of the appropriate areas.

ART BAND BUSINESS CLASSES COMPUTER CLASSES FOREIGN
LANGUAGE PE

SPECIAL ED CLASSES VOCAL MUSIC HOME EC

List any other area: _____

Grade level you prefer to teach: ELEM JH HS ALL

Days available to teach: MON TUES WED THURS FRI

Have you ever been convicted for any violation of the law other than a minor traffic violation? Y N

If yes, please explain in detail on the back of this paper.

I certify that the information and statement provided in this application are true to the best of my knowledge. I understand that any misrepresentation will be cause for my discharge from employment. In submitting this application I authorize Drexel R-IV School District to contact all listed references, to make all contacts appropriate to my past vocational and educational history and to maintain all such information in a confidential file available only to the Drexel R-IV School District as a perspective employer.

Applicant's Signature: _____ Date: _____

If any accommodations are needed to complete this application, please contact the superintendent's office at 816-652-0401.

207 S 4th St P O Box 860 Drexel MO 64742

Phone: 816-652-0401

Fax: 816-287-5003

www.drexel.k12.mo.us