

Substitute Teaching Application Form

Gayville-Volin School District
100 Kingsbury Street
P.O. Box 158
Gayville, South Dakota 57031

Gayville-Volin School District is an equal opportunity employer and does not discriminate because of race, color, age, sex, marital status, religion, disability, national origin or veteran's status. As a condition of employment, all applicants will be subject to a legal verification of criminal history, work history, and reference information. All offers of employment are contingent upon verification of all data contained throughout this application.

PERSONAL DATA

Date _____
Name _____
Social Security # _____
Address _____
(street) (city) (state) (zip)
Phone (____) _____ (____) _____
(Daytime) (Evening/weekends)
Have you ever been convicted of a felony? ____ Yes ____ No
If so, identify _____

CERTIFICATE INFORMATION

Do you have a teaching certificate? _____ If not, have you applied? _____
Please attach a certificate copy if applicable.

EXPLAIN ANY TEACHING EXPERIENCE YOU MAY HAVE (grade(s) taught, number of years, school name, years of employment)

COLLEGE INFORMATION (if applicable)

Name of college(s) _____
City, State, Zip _____
Number of Years Completed _____
Did you graduate with any type of degree? ____ Yes ____ No
If yes, Degree _____ Major _____
Graduation Date _____

SUBSTITUTE TEACHING PREFERENCE *You may mark more than one.

Elementary ____ Middle School ____ High School ____

Subject Preference _____

PRIOR WORK HISTORY

Must include complete address and zip code. *List most recent first.

Name of Employer _____
Address _____
Telephone _____
Job Title _____ Supervisor _____ May we contact? _____
Duties _____
Dates (Mo. Yr.) From _____ To _____
Salary Beginning _____ Ending _____
Reason for leaving _____

Name of Employer _____
Address _____
Telephone _____
Job Title _____ Supervisor _____ May we contact? _____
Duties _____
Dates (Mo. Yr.) From _____ To _____
Salary Beginning _____ Ending _____
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Name of Employer _____
Address _____
Telephone _____
Job Title _____ Supervisor _____ May we contact? _____
Duties _____
Dates (Mo. Yr.) From _____ To _____
Salary Beginning _____ Ending _____
Reason for leaving _____

REFERENCES

(Give name and telephone number of three BUSINESS references who are not related to you)

Name _____	Relationship _____	Phone-Day (____) _____
Name _____	Relationship _____	Phone-Day (____) _____
Name _____	Relationship _____	Phone-Day (____) _____

I authorize the Gayville-Volin School District to make any investigation of any personal educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution or government agency to provide the Gayville-Volin School District with information they have regarding me. I hereby release and discharge the Gayville-Volin School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment is conditional based upon a completed criminal background check.

Signature Date

Office Use Only

Background Check Date Received:

Application Approved By:

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