

SUBSTITUTE TEACHER APPLICATION

Harrisonville School District
503 S. Lexington
Harrisonville, MO 64701
(816) 380-2727



INSTRUCTIONS: It is very important to provide complete and accurate information on this application. You may also attach a resume or separate sheets of paper as needed which will become part of this application.

PERSONAL

Name:		Date:	
Street Address:	City:	State:	Zip:
Primary Phone:	Alt. Phone:		
Email Address:	Social Security Number:		

EDUCATION

Schools Attended Past and Present	Names and Locations of Schools	Did you graduate?	College Hrs Completed	Major	Degree earned
High School			NA	NA	
College					
Other Education or Training					

Do you hold a current Missouri Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide field of certification:
Are you a member of the Missouri Public School Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you currently receiving a benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for substituting in another district? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what district:

BACKGROUND

Have you ever been convicted of a violation of law other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explanation:	Have you ever had a charge of child abuse against you substantiated? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explanation:
Have you ever been convicted of any offense for physical or sexual abuse of a child? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explanation:	Have you ever been involuntarily terminated or asked to resign or resigned in lieu of termination from another employer? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explanation:

Please indicate any preferences (age/grade/subject/building) or field of expertise:

Agreement: I hereby certify to the best of my knowledge that the above information is true, accurate, and complete. I understand that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification or termination of my employment with the Harrisonville School District.

Signature of Applicant: _____

Date: _____

The Harrisonville Cass RIX School District is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.