

TARKIO R-I
312 South 11th Street
Tarkio, MO 64491
660-736-4161
660-736-4546 (fax)

SUBSTITUTE TEACHER APPLICATION

Name	Date	
Other names that may appear on transcripts/records:		
Social Security Number		
Current Address		
City	State	Zip
Phone Home	Other	

Grades in which you are willing to substitute: _____

Days you are available to substitute: _____

Are you prevented from lawfully becoming employed in this country because
of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Substitutes are required to hold either a MO teaching certificate or a MO substitute certificate.

A minimum of 60 college credits is required for substitute certification.

Applicants must provide college transcripts to verify college credits.

A fingerprint background check (MO State Highway Patrol and FBI) must be completed.

~~In addition to this application, applicants must complete an Application for Substitute Certificate
of License to Teach (Form C), which will be kept on file at the district.~~

Return this completed application to the Superintendent of Schools at the above address.

Tarkio R-I is an Equal Opportunity Employer as per Title VI, Title IX, and Section 504.

Tarkio R-I considers applicants for all positions without regard to race, color, religion, sex, national origin, or disability. If you have a disability or handicap that may require accommodation for you to participate in the application process, please make us aware of any accommodation you feel is necessary.

EDUCATION	Name and Address of School	Course of Study	Date Completed	Diploma/Degree
High School			XX	
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Total Undergraduate Hours _____ Total Graduate Hours _____

What placement bureau do you use for your credentials? _____

Do you hold a current certificate to substitute in the state of Missouri? (This certification must be renewed each school year.)
 Yes _____ No _____

Do you hold a current teaching certificate?
 Yes _____ No _____

If so, please complete the following:

AREAS OF CERTIFICATION

Type of Certificate	Grade Level(s) and Area of Certification	State	Expiration Date

EMPLOYMENT EXPERIENCE Start with your present or most recent job.

Employer	Dates Employed From	To	Duties Performed
Address			
Telephone			
Starting/Present Position	Salary Starting	Final	
Principal/Supt./Supervisor			
Reason for Leaving			
Employer	Dates Employed From	To	Duties Performed
Address			
Telephone			
Starting/Present Position	Salary Starting	Final	
Principal/Supt./Supervisor			
Reason for Leaving			

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

EMPLOYMENT QUESTIONS

Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.) Yes No

Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.) Yes No

Has the Missouri Division of Family Services or a similar agency in any other state or jurisdiction ever issued a determination of finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological, or sexual abuse or neglect of a child? Yes No

Have you ever failed to be re-employed by an educational institution? Yes No

If the answer to any of the above questions is "yes" please explain.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? Answer this question only after reviewing the job description and requirements of this job. Yes No

READ CAREFULLY BEFORE SIGNING

I hereby authorize my current and former employers and references to furnish any information about me and about my work experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.

I understand and consent to having criminal and arrest records checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.

I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.

I understand that this application will be considered active for a time period of 90 days. I understand that if I wish my candidacy to remain open after that date I must inquire again as to whether or not applications are being accepted at that time.

SIGNATURE _____

DATE _____