

**Unified School District #353  
Wellington, Kansas**

**Application to Substitute Teach for USD 353**

Date \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Init.

\_\_\_\_\_  
Maiden

\_\_\_\_\_  
Number & Street Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip

Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Please indicate areas in which you will sub:**

☐ K – 12<sup>th</sup>

☐ K – 5<sup>th</sup>

☐ 6<sup>th</sup> – 8<sup>th</sup>

☐ 9<sup>th</sup> – 12<sup>th</sup>

☐ Special Education Only

**Please indicate if there are any subjects you exclude from subbing:** \_\_\_\_\_

**Please indicate days and times you are available to sub:**

☐ Mon-Fri or ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Friday **Times:** ☐ Full School Day ☐ AM only ☐ PM only

**Education:** High School \_\_\_\_\_

College(s) \_\_\_\_\_

Number of College Hours \_\_\_\_\_ Degree Earned \_\_\_\_\_

Major Field \_\_\_\_\_ Minor Field \_\_\_\_\_

**Certificate:** In Force \_\_\_\_\_

State

Type

Expiration Date

Formerly Held \_\_\_\_\_

State

Type

Expiration Date

**Teaching**

**Experience:**

**School Location**

**Grade**

**Year**


**Other Work**

**Experience:**

**Firm**

**Position**

**No. of Years**

**Reason for Leaving**


**References:** (Persons not related to you)

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT JOB APPLICATION ACKNOWLEDGEMENTS**

**The following statements should be included on all job applications:**

1. I certify that all the information provided by me in this application is true and complete. I understand that any miss-statement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
2. I acknowledge that my employment as a substitute teacher is exempt from the KPERS retirement program, and no deductions will be made from my gross wages for contributions toward that program.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
4. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
5. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release you from all liability for any damages that may result from your doing so.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date