

Lake County School District R-1

Human Resources
 107 Spruce Street
 Leadville, CO 80461
 719-486-6800 FAX: (719) 486-2048

PLEASE TYPE OR PRINT

Substitute Teacher Application

DATE _____

PERSONAL DATA	Name _____				
	Last	First	M.I.		
	Email: _____				
	Address _____				
ASSIGNMENT	Number & Street				
	City		State	Zip	
EDUCATION & LICENSE	Phone Number _____				
	(cell)		(home)		
EDUCATION & LICENSE	What grade level(s) / subject area(s) are you able to teach? _____				
	Circle all schools in which you would like to substitute:				
	High School 7-12	Intermediate School 3-6	West Park Elem. K-2		
EDUCATION & LICENSE	Would you be willing to assume a position that might last several weeks? _____ Yes _____ No				
	Several months? _____ Yes _____ No				
	EDUCATION List colleges or universities attended and the degrees and certificates received				
EDUCATION & LICENSE	College or University (Name & Address)	ATTENDED from to	DEGREE & DATE	Major	Minor
EDUCATION & LICENSE	Please include a copy of your current teaching certificate				
	State	Type (Certificate, License or Endorsement)	Date Issued	Expiration Date	
EDUCATION & LICENSE	HAVE YOU ALREADY APPLIED FOR A COLORADO SUB LICENSE? YES _____ NO _____				
	DATE APPLIED _____				

<u>List Most Recent First</u>		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E M P L O Y M E N T H I S T O R Y	Employer _____	Employed	Duties and Responsibilities	
	Address _____	from		
	Position _____	_____		
	Supervisor _____	to		
	Reason for leaving _____	_____		
	Phone # _____			
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	Position _____	_____		
	Supervisor _____	to		
	Reason for leaving _____	_____		
	Phone # _____			
R E F E R E N C E S	List three people qualified to comment on your abilities and your past experience			
	Name	Address	Position	Phone Number

I certify that all information provided on this application is correct and complete, to the best of my knowledge, and understand that employment is contingent upon its accuracy. I further understand that I will not receive payment for substitute teaching services unless the proper payroll forms have been completed and received by the Human Resource Office.

Signature _____ Date _____

NOTE: Continuing substitute teachers must contact the Human Resources Office in order to remain active.

EQUAL OPPORTUNITY EMPLOYER
Thank you for your interest in our schools!