

Lake County School District R-1

Reba Neufeld - Human Resources Director

107 Spruce Street

Leadville, CO 80461

719-486-6800 FAX: (719) 486-2048

PLEASE TYPE OR PRINT

DATE _____

Substitute Teacher Application

PERSONAL DATA	Name _____				
	Last	First	M.I.		
	Social Security# _____				
	Address _____				
ASSIGNMENT	Number & Street		City	State	Zip
	Phone Number _____				
	What grade level(s) / subject area(s) are you able to teach? _____				
	Circle all schools in which you would like to substitute:				
EDUCATION & LICENSE	High School	Middle School	West Park Elem.	Pitts Elementary	
	9-12	5-8	1-4	K-1	
	Would you be willing to assume a position that might last several weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Several months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EDUCATION List colleges or universities attended and the degrees and certificates received					
College or University (Name & Address)		ATTENDED from to	DEGREE & DATE	Major	Minor
Please include a copy of your current teaching certificate					
State	Type(Certificate, License or Endorsement)		Date Issued	Expiration Date	
HAVE YOU ALREADY APPLIED FOR A COLORADO 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 # _____			
	Employer _____	Employed	Duties and Responsibilities	
	Address _____	from		
	Position _____	_____		
Supervisor _____	to			
Reason for leaving _____	_____			
Phone # _____				
Employer _____	Employed	Duties and Responsibilities		
Address _____	from			
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!