



CLASSIFIED SUBSTITUTE CANDIDATE APPLICATION AND QUESTIONNAIRE:

Screenings and interviews conducted as needed.

Please complete and return to Human Resources.

Name: _____

Address: _____

Phone: _____

Email: _____

1. Availability – check all that apply:

Monday: ___ All day, *Or:* ___ Morning ___ Mid-Day ___ Afternoon ___ Evening (Custodian only)

Tuesday: ___ All day, *Or:* ___ Morning ___ Mid-Day ___ Afternoon ___ Evening (Custodian only)

Wednesday: ___ All day, *Or:* ___ Morning ___ Mid-Day ___ Afternoon ___ Evening (Custodian only)

Thursday: ___ All day, *Or:* ___ Morning ___ Mid-Day ___ Afternoon ___ Evening (Custodian only)

Friday: ___ All day, *Or:* ___ Morning ___ Mid-Day ___ Afternoon ___ Evening (Custodian only)

2. Shift – check all you will accept:

___ Less than or equal to 4 hours

___ Greater than or equal to 4 hours

3. Acceptable Jobs - check all that apply: (Approximate wage per hour)

___ Any Campus Support

___ Any Clerical, *or-*

___ Secretary

___ Health Office

___ Library Clerk

___ Any Student Aide, *or*

___ Special Ed only,

___ General Ed only

___ Tech Assistant

___ Custodian

___ Other: _____

4. Site(s) - check all that apply

___ The Cove School (TK-5)

___ Neil Cummins Elementary (PreK-5)

___ Hall Middle (6-8)

5. Comments and other information or restrictions regarding availability:



6. References (two recent supervisors preferred):

A) Name: _____ Contact: _____
Business: _____ Title: _____

B) Name: _____ Contact: _____
Business: _____ Title: _____

7. Disclosures:

A) Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Note: Exclude convictions related to the use of marijuana that are over two years old.)

_____ Yes _____ No

If you answered "Yes", please explain. _____

B) Have you ever been dismissed or asked to resign from any position?

_____ Yes _____ No

If you answered "Yes", please explain. _____

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district/County Office.

Name: _____ Signature: _____ Date: _____

DISTRICT USE ONLY: Received by: _____ Date: _____