

APPLICATION FOR SUBSTITUTE TEACHING

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the school to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, genetic history, citizenship, disability, military service, or any other status protected under local, state and federal law. It is also the policy of the school to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a background check.

PERSONAL INFORMATION

Name Last	First	Middle	Social Security	#
Home Phone			Cell Phone	
Please list below you	r current address an	d your two other most recent a	ddresses:	
Current Address	City	State	Zip	Since (Mo/Yr)
Address	City	State	Zip	Since (Mo/Yr)
Address	City	State	Zip	Since (Mo/Yr)

EDUCATION

High School Attended	City, State		Did you earn a Diploma? DYES DNO
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

AVAILABILITY AND PREFERRED AREAS

Please check all that apply.	
1) Days available: 🗆 Monday 🗅 Tuesday 🗅 Wednesday 🗅 Thursday 🗆 Friday	
2) Division level: □ Lower School (Preschool – Grade 4) □ Middle School (Grade 5 – Grade 8) □ Upper School (Grade 9 – Grade 12)	

3) Availability:

Full Day
AM
PM

Please list areas of endorsement and teaching experience.

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER?	□ YES □ NO							
Please list below your last four employers beginning with the most recent:								
Most Recent Employer	City		State	Zip Code		Phone		
Position Held D	ates From/To	Pay	Rate Upon Lea	ving	Superv	visor		
		\$	-	-	-			
Duties F	Reason for Leav	/ing						

ext Most Recent Employer City			State	Zip Code		Phone
Position Held D	Dates From/To F		Rate Upon Lea	ving	Superv	isor
Duties F	Reason for Leavi	ina				

Next Most Recent Employer		City		State	Zip Code		Phone
Position Held	Dates From/To		Pay I \$	Rate Upon Lea	ving	Superv	visor
Duties	Reason for Leaving						

TEACHING CERTIFICATE If applicable please submit a copy with application

Do you have a Nebraska teaching certificate or substitute teaching certificate?
YES
NO
Applied for, but not yet received

If yes, exact title:

Certification in other states? Please list state and dates:

Indicate any foreign languages you speak, read, and/or write									
	FLUENT GOOD FAIR								
SPEAK									
READ									
WRITE									

REFERENCES Please list three professional references

Name	Phone	Email	
Job Title and Relationship to Applicant			
Name	Phone	Email	
Job Title and Relationship to Applicant			
Name	Phone	Email	
Job Title and Relationship to Applicant			

APPLICANT'S CERTIFICATION AGREEMENT

- 1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the school from all liability that might result from making the investigation.
- I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I agree, if I am offered and accept a position, to conform to all existing and future School rules and regulations and I understand that the School reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
- 4. Lunderstand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
- 5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

I, _____ (name), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Brownell Talbot School.

Name:

_ Signature___

Date