

DEPARTMENT OF YOUTH SERVICES
SCHOOL DISTRICT 210
OFFICE OF THE SUPERINTENDENT
POST OFFICE BOX 66
MT. MEIGS, ALABAMA 36057
Telephone: (334)215-3850
Fax: (334) 215-3011

SUBSTITUTE TEACHER APPLICATION

NOTE: Minimum of High School Graduation or Equivalency is required for employment in these capacities.

INSTRUCTION: The applicant should exercise great care in preparing this form. Do not omit any item. Fill the application in your own handwriting.

The Youth Services School Board of Education operates under the following policy: 'No person shall be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of disability, age, sex, race, color, religion, creed, or national origin.

The substitute teaching staff is important to the Department of Youth Services Schools. The school setting is unique in the need for substitute personnel to serve in classrooms. Substitutes must be reasonably available to serve schools on a regular basis. The Department of Youth Services Schools will not accept substitute teacher application from individuals who are accusable only on selected days.

Name: _____
(Please Print) LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

Present Address: _____
STREET OR ROUTE

Telephone: _____
CITY STATE ZIP CODE

Previous Address: _____
STREET OR ROUTE

CITY STATE ZIP CODE

Name and Telephone Number of someone knowing how you may be reached:

Relationship of this person to applicant: _____

Date of Birth: _____ Birthplace: _____

Are you presently employed? Yes _____ No _____ (if yes, please complete the following)

Organization _____ Address of Organization _____

Position Held _____ Period of Employment _____

May the Department of Youth Services contact your employer? Yes ___ No ___
 Telephone _____

Are you presently unemployed? Yes ___ No ___ (If yes, please complete the following)

Last Previous Organization of Employment _____

Address of Organization _____ Position Held _____

Period of Employment _____ Reason Employment Terminated: _____

May the Department of Youth Services contact your previous employer? Yes ___ No ___

Telephone _____

SCHOOLS YOU HAVE ATTENDED:	NO. YEARS	SEMESTER HOURS	MONTH & YEAR OF GRADUATION EARNED	DEGREE EARNED UPON GRADUATION
High School: _____	_____	_____	_____	_____
Colleges: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Graduate: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you hold a valid Alabama Teacher's Certificate? REGULAR ___ SUBSTITUTE ___ No ___

If yes, what type? RANK ___ DATE EXPIRES _____ TEACHER NUMBER _____

If no, have you recently applied for an Alabama Certificate? YES ___ No ___ DATE _____

WORK EXPERIENCE:

Please list **ALL** work experience for the last five years.

Type Of Work	Location City & State	Hours Per Week	Salary Per Week	Name and Address Of Employer	Inclusive Dates From TO Mo. YR. MO. YR.

Total Work Experience _____ Years

PROFESSIONAL REFERENCES

List three persons from whom you, the applicant, will request references. They are to be sent to the Superintendent’s Office. It is the applicant’s responsibility to see that references are submitted. Please use reference scales provided.

Name	Present Address (street number and telephone number)	Official Position

Check Yes or No for each question below:

Yes No

- Have you ever had a teacher’s certificate/license revoked, suspended, or denied; or have you voluntarily relinquished a certificate/license (allowing a certificate to expire does not apply)?
- Is there any action pending against your certificate/license or application in another state? If “yes,” name the state and/or issuing authority and explain the circumstances. Attach additional sheet if necessary.
- Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation? If you answer “yes,” please provide details of conviction including date and place of conviction and submit court certified copies of the judgment, conviction, and sentencing. A “yes” answer may result in a request for additional information. Attach additional sheet if necessary.

AFFIRMATION: I understand the information contained herein is the nature of a representation and if incorrect on a material fact it constitutes sufficient cause for cancellation of employment if elected by the Board.

CERTIFICATION (signed in ink)

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity of examination or employment. I further authorize the release of all relevant prior employment, military service and criminal records.

SIGNATURE _____ Date _____