Application for Substitute Teaching
Clinton School District #124
"Transforming Potential into Performance."
*701 South Eighth Street * Clinton, MO 64735 * Telephone (660) 885-2237 * Fax (660) 885-7033*
AN EQUAL OPPORTUNITY EMPLOYER

(*Please Print*)

Name_____
     Last   *First*   *MI*

Address_____
     Street   *City*   *State/Zip*

Home Phone_____

Which number can we use on our sub list: Home_____ Cell_____

University or College Attended: _____

Degree_____

Major_____

Total Hours_____

Social Security Number_____

Email Address_____

Cell Phone_____

Emergency Contact Name_____

Emergency Contact Cell Phone_____

Days Available : **Mon Tues Wed Thurs Fri**

Dates Not Available: _____

School Preference (Check all that apply)

CECC/ECSE		Middle School	
Elementary (K-2)		High School	
Intermediate School (3-5)		Technical School	

References: (Please give the name, address, and phone number of three persons who are not related to you and who are not previous employers)

Name	Street	City	State/Zip

Have you ever been charged with, convicted or entered a plea, including a plea of *nolo contendere*, to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? ____Yes ____No If yes, please explain: _____

Signature: _____   Date:_____