**Substitute Teacher**

St. Marys City

School District



**EMPLOYMENT APPLICATION**

*Return completed applications to:*

**jobs@smriders.net**

Phone: 419-394-4312

**This application has fillable fields (the grey text) and must be completed in Microsoft Word.**

**Date of Application**: mm/dd/yyyy **Email Address**: name@domain.com

**Name**: Enter your name as it appears on your Social Security Card

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| --- | --- | --- | --- |
| **Permanent Address**  House Number and Street Name  City State Zip  Primary Phone Secondary Phone | | **Temporary Address** until mm/dd/yyyy  House Number and Street Name  City State Zip  Primary Phone Secondary Phone  **Name**: **Last First Middle Initial** | |
| **Type of Substitute Employment Desired (**Applicants interested in being considered for a full-time teaching position, if one should become available, should instead complete the Teacher Application and indicate Substitute Teacher as one of the types of employment desired.)   |  |  |  | | --- | --- | --- | | Elementary | Middle School | High School | | K 1  2  3  4  5  (indicate grade level preferences) | Indicate subject areas: Enter subjects/ grade bands  If qualified in several subjects, please indicate your preferences:  1. Enter subject/ grade bands 2. Enter subject/ grade bands | | | Special Education | | |   Were you previously employed by this district?  Yes  No  If yes, please list the dates employed: From mm/dd/yyyy To mm/dd/yyyy  When can you begin? mm/dd/yyyy | |
| |  |  |  |  | | --- | --- | --- | --- | | **Current Contract with**: | Enter Name of School System | **as** | Enter grade and/ or subject you are currently teaching | | |

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| **Teaching Experience:** List most recent position first. Use separate sheet if needed. Enter student teaching experience in the first space if you have never taught.  **Total years experience:** enter total years | | | |
| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | School Contact Information:  Phone: **(###) ###-####**  School Name and Address  **Enter School Name and Address** | | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)  **Enter information here** |
| Name of Principal: **enter Principal’s name here** | | Reason for leaving: **enter reason here** | |

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| --- | --- | --- | --- |
| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | School Contact Information:  Phone: **(###) ###-####**  School Name and Address  **Enter School Name and Address** | | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)  **Enter information here** |
| Name of Principal: **enter Principal’s name here** | | Reason for leaving: **enter reason here** | |

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| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | School Contact Information:  Phone: **(###) ###-####**  School Name and Address  **Enter School Name and Address** | | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)  **Enter information here** |
| Name of Principal: **enter Principal’s name here** | | Reason for leaving: **enter reason here** | |

**High School** High School Name **Location:** City, State

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| --- | --- |
| **Activities:** | **Honors:** |
| Enter activities here | Enter honors here |

**College Background**

Begin with first undergraduate enrollment, progress to graduate level (if applicable), include all institutions attended.

Be consistent throughout, use either semester hours or quarter hours (3 quarter hours = 2 semester hours)

**Check which you are using:  Semester Hours  Quarter Hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **College or University** | **Dates**  **From To** | | **Major** | **Minor** | **Degree** | **Year** |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |

Undergraduate Cumulative Grade Point Average: enter GPA (Actual or  Estimated)

Total Number of College Credits Earned: enter total hours Undergraduate: undergrad hours Graduate: graduate hours

|  |  |
| --- | --- |
| **College Activities:** | **College Honors:** |
| Enter activities here (include date(s)) | Enter honors here (include date(s)) |

**Ohio Certificate/ Licensure Information:**

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| --- | --- | --- | --- | --- |
| **Ohio Certificate/ License** | **Date issued** | **Expiration date** | **Grade bands** | **Subject Areas** (if applicable) |
| click to select one | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |
| click to select one | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |

\*\*\*Copies of your OHIO CERTIFICATE or LICENSE and current COLLEGE TRANSCRIPT(S) must accompany your application in order for it to be given consideration. Exceptions will be made for applicants still in school or at the superintendent’s discretion.\*\*\*

**Special Information**

Check any of the following activities which you are qualified to coach or direct. Use a double check to show actual coaching or directing experience. Provide additional information if applicable.

Athletic Director  Soccer  Cheerleading  Marching Band

Baseball  Softball  Intramurals  Orchestra

Basketball  Swimming  Newspaper  Class Sponsor

Cross-Country  Tennis  Yearbook  Debate

Football  Track  Student Council

Golf  Volleyball  Other: (list activity/ activities)

Wrestling  Dramatics  Clubs (list name(s) of club(s))

**Additional Information:** Enter any relevant additional information here.

**Briefly describe professional recognition, memberships, and growth activities.**

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| Enter information here |

**In the space below, please include any other pertinent data or information not previously asked for on the application which might assist us in arriving at a more realistic appraisal of your training, experience, and overall competence for the position of substitute teacher.**

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| Enter information here |

**References**: List four individuals having personal knowledge of your professional training, ability, experience, and personal character.

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| **Name, Position** | **Address** | **Telephone Number** |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

This will be authorization to the St. Marys Board of Education to obtain any and all information regarding previous employment from any and all persons, firms or corporations by whom I was previously employed.

Also, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered as sufficient cause for rejection or dismissal.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Applications will be kept on file and active until March 1st of the current school year. Applications received after March 1st will be kept on file until March 1st of the following school year. Please advise the Superintendent’s Office of any change in employment status.\*\*\***

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| The St. Marys City School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, disability, military status, ancestry or age in its programs and activities, including employment opportunities. Information requested is used solely to determine the applicant’s ability to meet job criteria and to perform the job satisfactorily. |

**St. Marys City Schools Sub Teacher Information**

**If you are interested in being a substitute teacher for St. Marys City Schools, please complete this form and submit it with your application. This form will be shared with our sub caller so that he/she can contact you when substitute teachers are needed.**

**Name:** (enter first and last name)

**City where you live**: enter the name of city

**Preferred phone # (1)** (xxx) xxx - xxxx  Cell or  Landline

**Text available:**   Yes  No

**Alternate phone # (2)** (xxx) xxx - xxxx  Cell or  Landline

**Text available:**   Yes  No

**\*\***We will make every effort to call before 10:00 p.m. the evening before. If sub requests are received in the morning for middle school and high school, we will begin calling between 5:30 a.m. to 6:30 a.m. due to their early start time. Elementary calls will begin between 5:45 a.m. to 6:30 a.m.\*\*

**Days of the week you are available** (check all that apply):

Monday  Thursday

Tuesday  Friday

Wednesday

**What grade level are you willing to sub in** (check all that you are willing to do):

K-2  6-8

3-5  9-12

**What subjects are you willing to sub in** (check all that you are willing to do):

English  Physical Education

Math  Art

Science  Music/Choir/Band

Social Studies  Industrial Tech (woods, metals, etc. at MHS)

Intervention/Special Education

**Would you be willing to sub for a grade level or subject that you did not check, if needed?**  Yes or  No

**What subjects/grade level, if any, will you *not* sub for?**

English  K-2

Math  3-5

Science  6-8

Social Studies  9-12

Intervention/Special Education

Physical Education

Art

Music/Choir/Band

Industrial Tech (woods, metals, etc. at MHS)