

Klondike ISD

Substitute Teacher Application

KISD is an equal opportunity employer

KLONDIKE INDEPENDENT SCHOOL DISTRICT

Employment Application For Substitute Teacher

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

Personal Data

Date of application _____

Name _____
Last
First
Middle

Current Address _____
Street/Box
City
State
Zip Code

Work Phone _____ Home Phone _____ Cell Phone _____

Other name that may appear on records _____

Have you been employed by Klondike ISD in the past? Yes No

Education/Training

Check the highest level of education attained:

High School Graduate GED Less than two years of college

Two or more years of college Bachelor's Degree

Master's Degree Other training or education _____

Name of Location of Schools Attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year Graduated

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Assignment Preference

Please list the days you are available to substitute and your assignment preferences.

Day(s) of week Every day Only the following:
 Monday Tuesday Wednesday Thursday Friday

Assignment Any Only the following
 Elem. Jr. High HS Special Ed.

Are you receiving Texas Teacher Retirement (TRS) benefits? Yes No
(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)

General Information

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor?)

Yes No

If yes, please state where, when, and the nature of the offense _____

(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)

References

Name	School District/ Firm Name	Position/Title	Phone Number

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Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

For Criminal Background Check _____

Driver's License Number

State Issued

Social Security Number

Date of Birth

This application becomes the property of the district. The district reserves the right to accept or reject it.