



Substitute Employment Application

Position Applying for: Substitute Food Server Substitute Custodian Substitute Driver/Transportation Aide

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Email: _____

Do you have any pending arrests for crimes which affect the essential functions of the job for which you are applying? YES NO
 Have you ever been convicted of a felony or misdemeanor?
 Have you ever worked for the District?
 Have you ever been dismissed or non-renewed, or resigned from employment in-lieu-of a potential dismissal or non-renewal, for any of the following causes: failure to meet the District's performance expectations, incompetence, inefficiency, neglect of duty, unprofessional conduct, or insubordination?

If yes to any of the above, please explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Availability and Preferences

Please check the times of day you are available:

Full Days Mornings Only Afternoons Only

Please specify the days of the week you are available:

Monday Tuesday Wednesday Thursday Friday

Please check all schools you would be willing to sub at:

East Elementary West Elementary Sullivan Elementary Jefferson Middle Jefferson High

References

Please list two references who are not family members.

Full Name: _____ Phone: _____

Relationship: _____

Full Name: _____ Phone: _____

Relationship: _____

Employment History

List in order, beginning with the most recent employment and working backwards.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the School District of Jefferson and will be kept active for one year. The District reserves the right to accept or reject this application. I further agree to observe all rules, regulations, and policies of the District.

Signature: _____ Date: _____

I hereby authorize the District to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment. I understand that I may be contacted, at a later date, by the District to obtain the necessary information that may be needed to conduct the above mentioned inquiries. Furthermore, I release all parties from liability for any damage that may result from furnishing the same to you.

Signature: _____ Date: _____