



BERRYHILL PUBLIC SCHOOLS
INDEPENDENT DISTRICT NO. 10

BERRYHILL PUBLIC SCHOOL

Substitute Teacher Application

Name: _____

Date: _____

Certified Teacher: _____

Degree: _____

Grade(s) Preferred: _____

Days available to work: _____



Name: _____ Date: _____
LAST FIRST MIDDLE

Social Security # _____ Phone: _____ Cell: _____

Address: _____
CITY STATE ZIP CODE

In case of Emergency Notify: _____ Relationship: _____

Address: _____
CITY STATE ZIP CODE

EDUCATION

NAME / LOCATION OF SCHOOL / YEARS ATTENDED / DATES OF GRADUATION / DEGREE

High School: _____

College: _____

Trade/Business School: _____

EMPLOYMENT HISTORY (PAST 5 YEARS)

EMPLOYER / PHONE NUMBER / DATES EMPLOYED / DUTIES / REASONS FOR LEAVING

REFERENCES (OTHER THAN EMPLOYERS OR RELATIVES)

NAME	ADDRESS	PHONE
------	---------	-------

NAME	ADDRESS	PHONE
------	---------	-------

Are you related to any present Berryhill School Board Member? _____ If yes, list the name of the board member and relationship: _____

Have you ever been convicted or are any felony charges pending against you? _____
If so, explain: _____

The information on this application is correct to the best of my knowledge. I understand that providing false information on this application shall be ground for dismissal, if hired. I hereby authorize Berryhill Public School District I-010 to verify the above information.

Signature of applicant: _____ Date: _____

The Berryhill Board of Education fully supports a policy of equal employment in all job classifications of Independent School District I-010. Equal opportunity shall be provided for all regular employees and applications for employment on the basis of their demonstrated ability and competence without discrimination because of their sex, national origin, age or handicap.

OSBI BACKGROUND CHECK: _____ EMPLOYEE AUTHORIZING CHECK: _____ COMMENTS: _____