

**CRYSTAL CITY 47 SCHOOL DISTRICT**  
**1100 MISSISSIPPI AVE**  
**CRYSTAL CITY, MO 63019**  
**636-937-4411**

**APPLICATION FOR A SUBSTITUTE TEACHER POSITION**

**Date:** \_\_\_\_\_

The Crystal City 47 District considers applicants for all positions without regard to race, color, religion, sex, national origin or disability. If you have a disability or handicap which may require accommodation for you to participate in our application process (including filling out this form, interviewing, or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is necessary. If you have any inquiries, complaints or concerns about any pre-employment procedure or requirement, including completing this application, or about the district policy of non-discrimination, you may contact the superintendent at 636-937-4411. **CRYSTAL CITY 47 SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.**

**All applicants are expected to answer all questions on this application. Answer 'none' or 'not-applicable' where necessary.**

Last	First	Middle
Current Address: _____		
Street	City	State      Zip
Current Phone Number: _____		Cell Phone Number: _____
Current Email Address: _____		
Permanent Address: _____		
Street	City	State      Zip
Permanent Phone: _____		Date Available: _____
Skills you possess pertaining to the position(s) you are applying: _____		
Do you currently hold a valid Substitute Certificate? _____		
Do you have a valid Teacher's Certificate? _____		
Are you a member of PSRS or PEERS? _____		
Please Circle the days you are available to substitute teach:      Tuesday      Wednesday      Thursday      Friday		
Please indicate all of the grade levels you would be available to teach:      PK-3      3-6      K-8      7-12      9-12		

**EDUCATIONAL PREPARATIONS:**

	Name/Location	Dates of attendance	DEGREE	Major	Overall GPA
High School					
College/University					

**OTHER WORK EXPERIENCE:**

Employer Name/Location	Position	Dates of Employment	Number of years	Supervisor	Phone Number

**REFERENCES:**

NAME	ADDRESS	PHONE	POSITION



**Employment Questions:**

1. Have you ever been arrested for, or charged with, or convicted of a felony or misdemeanor? (Exclude traffic offenses which you were not sentenced to jail or which the fine was less than \$100,000) \_\_\_\_\_
2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses which you were not sentenced to jail or which the fine was less than \$100,000) \_\_\_\_\_
3. Has the Missouri Division of Family Services or a similar agency in any other state or jurisdiction ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological or sexual abuse or neglect of a child? \_\_\_\_\_
4. Have you ever failed to be re-employed by educational institutions? \_\_\_\_\_

If the answer to any of the foregoing questions is "yes" please explain using a separate sheet of paper:

**READ CAREFULLY BEFORE SIGNING**

I acknowledge and agree to the following provisions as conditions to consideration of my application for employment:

1. I hereby authorize my current and former employer and references to furnish any information about me and about my work experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release.
2. I understand and consent to having criminal and arrest record checks as well as background checks by the Missouri Division of Family Services as a condition for consideration of my application for employment.
3. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event that I am employed by the district and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information.
4. I understand that this application will be considered active for a (1) one-year period. If I wish my candidacy to remain open after that, I must submit another application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR ADMINISTRATIVE USE ONLY**

Date received: Application \_\_\_\_\_

Credentials \_\_\_\_\_ Transcripts \_\_\_\_\_

Date interviewed: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date/Time: Applicant notified: \_\_\_\_\_

Date/Time: Applicant accepted: \_\_\_\_\_

Position offered: \_\_\_\_\_

Salary step/level: \_\_\_\_\_