



Application for Substitute Teacher

GENERAL INFORMATION *(Please print in ink or type)*

Name _____
 Last First Middle/Maiden

Social Security Number _____ Race _____ Sex (M)____(F)_____

Address _____
 Street City State Zip

Phone Numbers: Home(_____) _____ Cell(_____) _____

Email Address _____ Alternate Email _____

SUBSTITUTE EXPERIENCE

Have you been a substitute for DCSS before? Yes ___ No ___ Begin Date ___/___/___

IF YES, What level of education did you substitute on a regular basis? Elem (K-5) Middle (6-8) High (9-12)

Have you used AESOP before? Yes ___ No ___

Level of education you are most interested in working with? Elem (K-5) Middle (6-8) High (9-12)

Site Preference: (1) _____ (2) _____ (3) _____

Subjects You Prefer Teaching

Eng. ___ Sci. ___ Math ___ Bus. Ed ___ Soc. Sci. ___ Health/P.E. ___ Vocational ___ Other (specify) _____

EDUCATION

Education Level Completed: HS Graduate Attended College Associates Bachelors Masters Doctorate

Major/Concentration Area: _____ Overall GPA: 2.5 3.0 3.25 3.5 3.75 4.0 4.25

Do you hold a Georgia certificate? Yes ___ No ___ If yes, what type? _____ Exp Date _____

Field(s) of Certification: _____

Number of years of regular teaching experience under contract: _____ **Please include copy of certificate.**

Have you ever been dismissed from a position ? Yes ___ No ___

HUMAN RESOURCES OFFICE ONLY

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
New	<input type="checkbox"/>	<input type="checkbox"/>	Transcript	<input type="checkbox"/>	<input type="checkbox"/>
Returning	<input type="checkbox"/>	<input type="checkbox"/>	C.B.C.	<input type="checkbox"/>	<input type="checkbox"/>
Ed. Requirement	<input type="checkbox"/>	<input type="checkbox"/>	Tech. Requirement	<input type="checkbox"/>	<input type="checkbox"/>
Sub Assessment	<input type="checkbox"/>	<input type="checkbox"/>			

ED STATUS

Grad Student Cert Other _____

MUST PROVIDE OFFICIAL TRANSCRIPTS

