

E M P L O Y M E N T H I S T O R Y	<u>List Most Recent First:</u>		May we contact your present employer? Yes _____ No _____	
	Employer _____	Employed	Duties and Responsibilities	
	Address _____	from		
	Position _____	_____		
	Supervisor _____	to		
	Reason for leaving _____	_____		
	Phone# _____			
	Employer _____	Employed	Duties and Responsibilities	
	Address _____	from		
	Position _____	_____		
	Supervisor _____	to		
	Reason for leaving _____	_____		
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Employer _____	Employed	Duties and Responsibilities		
Address _____	from			
Position _____	_____			
Supervisor _____	to			
Reason for leaving _____	_____			
Phone# _____				
R E F E R E N C E S	List three people qualified to comment on your abilities and your past experiences.			
	Name	Address	Position	Phone Number

I certify that all information provided on this application is correct and complete, to the best of my knowledge, and understand that employment is contingent upon its accuracy. I further understand that I will not receive payment for substitute teaching services unless the proper payroll forms have been completed and received by the Personnel Office.

Signature _____ Date _____

NOTE: Continuing substitute teachers must contact the Personnel Office in order to remain active.

EQUAL OPPORTUNITY EMPLOYER
Thank you for your interest in our schools!