

Substitute Teaching Application

Strasburg C-3 School District
600 W State Rt E Highway
Strasburg, MO 64090
Telephone: 816-680-3333 Fax: 816-865-3349

Date: _____

Name: _____

Address: _____

Phone number: _____ Cell: _____

Are you certificated in MO? ____ Yes ____ No

If yes, degree received in: Year: ____ From: _____

If no, number of college hours: ____ From: _____

If no, number of DESE training hours: _____

Have you completed your background check, (it is only good for one year)? _____

Do you have your sub certification? _____

Other Schools worked as a Substitute in the past year.

School: _____

Supervisor: _____

Phone number _____

School: _____

Supervisor _____

Phone number: _____

School: _____

Supervisor _____

Phone number: _____

None: _____

Age level you feel most comfortable subbing: All or K 1 2 3 4 5 6 7 8

Days available during each week: All or M T W Th F

Please give us 3 personal references and phone number:

1. _____

2. _____

3. _____

IN CASE OF AN EMERGENCY

Name	Relationship	Phone #
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Name	Relationship	Phone #
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Physician's Name	Office Phone	Hospital Preference
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Allergies/Daily Medications

Signed: _____ **Date:** _____

The Strasburg C-3 School District is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law.