

Greenville City School District
CERTIFIED SUBSTITUTE PERSONNEL APPLICATION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____
 Street City State Zip

_____ Email Address Home Phone Cell Phone

Person to Contact: *(if not available at the above address)*

_____ Name Street City State Zip Phone

List any name other than the one above that you have used or by which you have been known:

Last Name: _____ First Name: _____ Middle Name: _____

Certification: List all certificates held and attach copies.

State	Type	Grade	Issue Date	Area/Subjects Qualified to Teach	Praxis	Dates / Scores

All applicants must possess or be eligible for a valid teacher's certificate or substitute teacher certificate issued by the Ohio Department of Education. A personal resume and any additional information may be included with this application.

When would you be available to begin work? _____

Educational and Professional Training:

School	Major Subjects	Minor Subjects	Name & Location of School	Years Spent	Diploma or Degree	Total Sem. Hours
High School						
College or University						
College or University						
Special Courses						

Educational and Professional Training: (continued)

What is your cumulative grade point average? Undergraduate: _____ Graduate: _____

Military Service:

_____ Branch of Service Highest Rank # of Months

Student Teaching Experience:

Name of School	Grades/Subjects	Supervisor	Date Began	Date Ended

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Teaching Experience: List below the places where you have done full-time teaching.

Name of School	Grades/Subjects	Salary	Supervisor	Reason for Leaving	Date Began	Date Ended

Name of School	Grades/Subjects	Salary	Supervisor	Reason for Leaving	Date Began	Date Ended

Work Experience other than teaching:

Employer	Position	Date Began	Date Ended

References: Name references including superintendents and principals under whom you have taught.

Name	Position	Address	Phone Number

May we contact the above listed references? Yes No

Are you presently under contract to any board of education? Yes No

If yes, indicate employer: _____

Have you previously applied or been employed in the Greenville City School District? Yes No

If yes, When? _____

Have you ever held a contract of employment as a teacher which has not been renewed? Yes No

If yes, specify school district and year of contract involved: _____

I understand and agree that nothing stated in this employment application, in any other document, or in any interview is intended to create an employment contract between the Greenville City School District and myself for either employment or for the providing of any benefit. Likewise, no such contracts are intended to be created from the mere granting of an interview. No promises or guarantees regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Greenville City School District unless made in writing by the Superintendent of Greenville City Schools, and then only for the time specified.

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any falsification of this record will be sufficient cause for disqualification and, if employed, discharge. Furthermore, it is understood that this application becomes the property of the Board Education, which reserves the right to accept or reject it. I authorize the verification of all references and information contained in this application and regard this information as confidential, not to be revealed to me. I also authorize the Board of Education or its agents to conduct such investigation and to obtain such records (including criminal and credit records) as the Board deems necessary. I also agree to indemnify and hold the Greenville City School District harmless from any liability which might result from conducting such investigations.

Signature of Applicant

Date