

Note – This application will not be processed without a valid driver's license and a signed social security card!!

MOUNDS PUBLIC SCHOOLS

Substitute Application

Date of Birth _____

Personnel Information (Please type or Print)

Name _____ Social Security No _____
Last First Middle

Physical Address _____ Email _____
Street City State Zip

Mailing Address _____ Phone _____
Box City State Zip

(circle) Sex: F M Ethnic (optional): White Black Hispanic Asian American Indian Other _____

Emergency Contact Name _____ Phone _____

Doctor Name _____ Phone _____

Education

High School _____ Grad/Date _____
Institution, Town, State

Bachelors _____ Grad/Date _____
Institution, Town, State

I am currently enrolled in college and will be available _____

Masters _____ Grad/Date _____
Institution, Town, State

Doctorate/Graduate Hours _____ Grad/Date _____
Institution, Town, State

Certificate: License # _____ Standard # _____ Provisional # _____ Alternate # _____ Valid to/From _____

Kind _____ Subject or Grade Preference _____

(circle) Days Available: M T W Th F Special Education: Yes No Will Try **Date Available** _____

Professional References (Please type or Print)

Name	/Street, City, State & Zip	/Phone	/Relationship

Work Experience

Employer's Name	Employers Address	Supervisor	Type of Work	Dates Employed

Please make any additional remarks that you think might strengthen your applications such as special training and qualifications

I authorize the investigation of all statement contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature of Applicant

Date