

REORGANIZED SCHOOL DISTRICT NO. 7

301 NE Tudor Road, Lee's Summit, Missouri 64086-5702 (816) 986-1000

APPLICATION FOR SUPPORT STAFF SUBSTITUTING

PERSONAL: Social Security Number: _____ - _____ - _____ Date: _____

Name: _____ Phone: _____
Last First MI

Address: _____
Street City State Zip

E-mail address: _____

Date available to begin: _____

If a student, what dates will you be available for substituting: _____

CERTIFICATE INFORMATION:

Do you have a valid Missouri State Teaching Certificate in force? YES NO

If yes, Type: _____ Number: _____ Expires: _____

Subject(s)/Grade(s): _____

College Major: _____ Minor: _____

Do you hold a valid Missouri State Substitute Certificate? YES NO

If yes, with what School District? _____

PROFESSIONAL PREPARATION:

College or University	City & State	From – To	Degree	Sem Hrs

TEACHING EXPERIENCE OR RECENT WORK EXPERIENCE:

Name of School/Firm	Location	Subjects/Grades taught or Other work performed	Dates From – To	# of Years

REFERENCES: If an experienced teacher, include superintendents, principals, and supervisors with whom you have taught. If a beginning teacher, list those individuals who could best describe your experiences in education. List most recent first. **NOTE:** You must list three references for your application to be considered complete.

Name	Complete Mailing Address	Occupation / Title

What are your reasons for wanting to substitute in the Lee’s Summit R-7 School District?

Use this space in any way you wish to support your candidacy. You may want to give information regarding particular experience or qualifications, abilities, ambitions, or teaching philosophy.

Have you interviewed with the R-7 School District previously? _____ If yes, when? _____

Have you ever been convicted for any violation of the law other than a minor traffic violation? _____
If so, please explain in detail on a separate sheet of paper.

I certify that the information and statement provided in this application are true to the best of my knowledge. I understand that any misrepresentation will be cause for my discharge from employment.

In submitting this application I authorize Lee’s Summit R-7 School district to contact all listed references, to make all contacts appropriate to my past vocational and educational history and to maintain all such information in a confidential file available only to the Lee’ s Summit R-7 School District as a prospective employer.

Applicant’s Signature _____ Date _____