**Substitute Teaching Application**

**Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Night Phone Cell Phone

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Data**

Availability: Please mark the days you would be available to substitute

M Tu W Tr F

Do you have any restrictions with teaching? Yes No

In what areas are you most interested in substituting?

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to substitute for a staff member at a different rate of pay? Yes No

Are you retired from TRS? Yes No

Are you bilingual? Yes No

Have you ever attended substitute training totaling 4 hours? Yes No

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Education: Highest Degree Completed (Attach a copy of diploma, degree, or transcripts to verify highest level of education)

Name of School City/State Diploma Earned

Are you a parent/guardian/family member of (a) student(s) in this school? Yes No

If yes, please list the student(s) name and grade.

Substitute Policies and Procedures

1. All substitutes MUST submit a background check before being able to substitute
   1. See front office for instructions after completing an application
2. All substitutes MUST respect a student’s right to confidentiality
3. All substitutes MUST attend an initial 4 hour training with RESA
4. All substitutes MUST complete mandated reporter training
5. All required documents must be submitted prior to substituting

By signing this application, I understand I must abide by the policies and procedures set forth by Southwest Georgia STEM Charter School. I understand that Southwest Georgia STEM Charter School reserves the right to accept, decline, or discontinue the services of any substitute. I understand that if I substitute I will only get paid at the end of the month per Southwest Georgia STEM’s payment policy.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_