

SUBSTITUTE APPLICATION
BON HOMME SCHOOL DISTRICT #04-2
District Office, PO Box 28, 1404 Fir Street, Tyndall, SD 57066

Name _____
Last _____ First _____ M.I. _____

Social Security Number: _____ - _____ - _____ Name as it is on Card: _____

Substitute Position(s) for which you are applying: (Teacher, Paraprofessional, Custodian) _____

Present Address: _____ City _____ State _____ ZIP _____
Home Telephone (____) _____ Cell Phone (____) _____ Best time to call _____
Email Address _____

Place of Employment: _____ May we contact you at work? ____ Yes ____ No
Work Telephone (____) _____ Best time to call _____

Which school(s) would you wish to be listed as a substitute? (Check any that apply)

____ Bon Homme Hutterische Colony (K-8)
____ Dawson Colony (K-8)
____ Springfield Elementary (K-5)
____ Tabor Elementary (K-5)
____ Tyndall Elementary (PK-5)
____ Bon Homme Middle School (6-8)
____ Bon Homme High School (9-12)
High School subjects for which you do NOT wish to sub: _____

Education Level (Please check one)

____ High School
____ Bachelor's Degree (not in education)
____ Other _____

Please forward a copy of your diploma or transcript showing graduation from your highest level of education to the District Office.

____ Bachelor's Degree in Education
Do you have a valid teaching certificate? ____yes
Teaching Certificate: Number _____ Expiration Date _____
Do you have an expired teaching certificate? ____ yes
Teaching Certificate: Number _____ Expiration Date _____

Please forward a copy of your teaching certificate (expired or valid) to the District Office.

Have you been convicted of a CRIME in the last 7 years? ____Yes ____No (Conviction may be relevant if job related but does not necessarily bar you from employment). If yes, please explain: _____

Have you had a DCI/FBI background check with another school district? ____
If yes, which district(s)? _____

Do you have any past or current physical or mental health conditions which may affect the performance of your work?
____Yes ____No If yes, please explain:
Physical Health _____
Mental Health _____

Are you a US citizen? ____Yes ____No If no, do you have a Green Card? ____Yes ____No

List information regarding your interests, abilities, activities, and experience which you feel has a bearing on your qualifications for this position.

EDUCATION

Name & Location	From - To	Degree(s)	Date Received
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION REFERENCES

Full Name	Title	Complete Address	Telephone
_____	_____	_____	_____

WORK EXPERIENCE

Begin with most recent job. Do not include part-time or summer work unless you consider it significant.

Name & Location	From - To	Nature of Work	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT REFERENCES

List information for those supervisors listed above in Work Experience.

Full Name	Title	Address, City, State, ZIP	Telephone
_____	_____	_____	_____

Bon Homme School District is an equal opportunity employer. The Bon Homme School District does not discriminate against any employee on the basis of sex, race, religion, national origin, age, height, weight, marital status, or handicap/disability unrelated to the employee's ability to perform his/her job.

I verify that the information given by me in this application is true, accurate, and complete. I understand that if I have given any false information on this application or if I have omitted any material fact, I may be disqualified from employment with Bon Homme School District, or if hired, I may be discharged upon discovery of such false statement(s) or omission(s). I understand that my employment with Bon Homme School District may be subject to a reference/background check. I hereby authorize Bon Homme School District to investigate the truthfulness of all statements made on this application and/or contact my former employer(s) and other listed reference(s) or any other person(s) who can verify any information submitted to Bon Homme School District in support of my application for employment. I hereby waive any right that I may have against any person contact by Bon Homme School District, including former employers who provide information concerning this application and I release each said person from liability for providing information.

Signature

Date