

SUBSTITUTE TEACHER INFORMATION

Conestoga Public Schools

Date File _____ Administrator Approval _____
 Name _____ Telephone _____
 Address _____ City _____ State _____ Zip _____

Levels and areas of interest

Elementary: _____ Grade K-6 _____ Elem. Phys. Ed. (K-6)
 _____ Elem. Music (K-6) _____ SpEd (K-6)
 Jr – Sr High
 _____ Jr-Sr High (7-12) _____ Phys. Ed (7-12)
 _____ Music (7-12) _____ SpEd (7-12)

Teaching Areas:

Are you interested in long term substitution? _____ yes _____ no
 Are you interested in full-time teaching position? _____ yes _____ no
 Are you interested in a half-time teaching position? _____ yes _____ no
 Have you substituted in Conestoga before? _____ yes _____ no

CERTIFICATE: Type _____ Rank _____ Level _____ Expiration Date _____

In what areas are you endorsed? _____
 If elementary, what grades have you taught? _____

Your Nebraska teaching certificate must be submitted to the Superintendent's office for signatures. A copy will be kept on file and the original returned to you.

Have you ever worked for Conestoga Public Schools or another school in a full time capacity?
 _____ yes _____ no

Have you ever contributed to the Nebraska Retirement System? _____ yes _____ no

Do you still have an open account with the Nebraska Retirement System? _____ yes _____ no

RECORD OF TEACHING EMPLOYMENT:

Please provide the requested information below, arranging the more recent positions toward the top. We may be contacting previous employers for reference.

<u>POSITION</u>	<u>DATES OF EMPLOYMENT</u>	<u>EMPLOYER</u>	<u>EMPLOYERS ADDRESS</u>	<u>SUPERVISOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____