

# SUBSTITUTE TEACHER APPLICATION

## CONESTOGA PUBLIC SCHOOLS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Levels and areas of interest:

Elementary: K-6 \_\_\_\_\_ Music \_\_\_\_\_ PE \_\_\_\_\_ SPED \_\_\_\_\_

Jr./Sr. High: 7-12 \_\_\_\_\_ Music \_\_\_\_\_ PE \_\_\_\_\_ SPED \_\_\_\_\_

### Teaching

Are you interested in a long term substitution? Y/N

Are you interested in a full time teaching position? Y/N

Have you substituted at Conestoga before? Y/N

Have you ever worked for Conestoga Public Schools in a full time capacity? Y/N

If yes, please list dates \_\_\_\_\_

Have you ever contributed to the Nebraska Retirement System? Y/N

Do you still have an open account with the Nebraska Retirement System? Y/N

### Record of Teaching Employment

*Please arrange the most recent employment first. We may contact previous employers for reference*

Employer	Position	Dates of Employment	Address/Phone	Supervisor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**YOUR NEBRASKA TEACHING CERTIFICATE MUST BE SUBMITTED TO THE SUPERINTENDENT'S OFFICE FOR SIGNATURES. A COPY WILL BE KEPT ON FILE AND THE ORIGINAL WILL BE RETURNED TO YOU. THE SUPERINTENDENT'S OFFICE WILL ALSO NEED A COPY OF YOUR OFFICIAL TRANSCRIPTS.**



