

WEST HANCOCK COMMUNITY SCHOOL DISTRICT
Substitute Teacher Application

NAME(F,M,L) _____ DATE _____

ADDRESS _____

PHONE _____ SOCIAL SECURITY _____

E-MAIL ADDRESS _____

COLLEGE/UNIVERSITY, ETC.

Name of School	Major	Dates Attended	Date Graduated	Degree

TEACHING EXPERIENCE (If no contract experience, list student teaching and indicate such.)

Name/Location of School	Grade/Subject	Dates Taught	Total Years

REFERENCES (If possible, list at least one local reference)

Name	Telephone	Title	Relation to your work

CHECK your teaching preferences:

_____ K-6 Exceptions _____
 _____ 7-8 Exceptions _____
 _____ 9-12 Exceptions _____

Do you have other responsibilities that would interfere with your taking an assignment when called to substitute? If so explain: _____

RETURN this application with the information listed below to:

Personnel, P.O. Box 278, 510 9th Ave. SW., Britt, IA 50423

Transcripts - IOWA Teacher's Certificate - Mandatory Reporter Training Certificate
 Proof of Physical/Tuberculosis Test within last 6 months (form enclosed)

An Affirmative Action, Equal Opportunity Employer

The West Hancock CSD does not discriminate based on race, creed, color, sex, sexual orientation, gender identity, national origin, religion, age, marital status, or disability. Inquiries may be directed to the Superintendent, 510 9th Ave. SW, Britt, IA 50423-0278 641-843-3833