



## Substitute Teacher or Educational Assistant Application

**APPLICANT INSTRUCTIONS** If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form, and every effort will be made to accommodate your needs in a reasonable amount of time.

Please note that you will be required to submit a background check from the Mesa County Sheriff's Department at your expense before you will be considered for a substitute position. You will also need to submit a fingerprint card which you can get from the Administrative Assistant. The fee for the processing of your fingerprint card will be covered by Caprock Academy.

Position Applied for:  Substitute Teacher  Substitute Educational Assistant  Both Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**ATTENTION:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Yes  No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. Give a description of the incident, the date, the charge, and the resolution. If necessary attach an additional sheet. (In accordance with company policy this information is reviewed for job relatedness and time since last conviction.)

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

Charge: \_\_\_\_\_ Resolution: \_\_\_\_\_

**EDUCATION** Please indicate your highest level of education.

High School Diploma or GED  Some College  Associate's Degree or two years of college  Bachelor's Degree or higher

**JOB RELATED SKILLS** Note: do not fill out any part of this section you believe to be non-job-related.

List languages other than English in which you are fluent \_\_\_\_\_

Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value as a substitute teacher or educational assistant.

\_\_\_\_\_



**EMPLOYMENT REFERENCES** Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers for your past employers are critical.

**MOST RECENT EMPLOYER**       Yes  No    Are you currently working for this employer?  
 Yes  No    If yes, may we contact?

Company Name		City	State	Phone
Dates of Employment		Job Title	Supervisor's Name	
Annual Salary or Hourly Pay Rate	Reason for leaving			
Duties				

**SECOND MOST RECENT EMPLOYER**

Company Name		City	State	Phone
Dates of Employment		Job Title	Supervisor's Name	
Annual Salary or Hourly Pay Rate	Reason for leaving			
Duties				

**THIRD MOST RECENT EMPLOYER**

Company Name		City	State	Phone
Dates of Employment		Job Title	Supervisor's Name	
Annual Salary or Hourly Pay Rate	Reason for leaving			
Duties				

Have you ever worked for Caprock Academy in any capacity?  Yes  No If yes: Position held \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Name used then, if different \_\_\_\_\_

**PROFESSIONAL PREPARATION**

College, Trade School, or Business Schools      Dates of Attendance      Credit Hrs.      Degree(s)      Major or Area of Specialization




**REFERENCES** Include only individuals familiar with your work ability. Do not include relatives.

Name	Address and Phone Number	Years Known/Relationship

**QUESTIONNAIRE:** Please answer each of the questions below as best you can. The space should be adequate, but if more space is needed, please attach additional pages. Please complete in your own handwriting.

1. Why are you applying for a substitute position?

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2. What particular talents or skill do you have that would aid you in being an effective substitute.

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3. How do you think a substitute can improve a school in which they work?

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4. List the personal qualities that you think are important for a substitute to possess? Which of these do you think are the most important in the position?

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5. Please describe any specific educational related experience you have had with children.

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**CERTIFICATION AND RELEASE** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during employment. I authorize Caprock Academy and/or its agents to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If district policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Applications remain active for a period of one school year. Applicants must notify the Human Resources Office after the school year if they wish their application to remain in active status for another school year.