



Substitute Teacher Application

Personal Information

Name: _____

Last

First

Middle

Home Address: _____

Street

City

State

Zip

Phone Number: _____ E-mail Address: _____

Are you legally eligible to work in the United States? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Education

Highest Degree Earned: _____

Name of Institution: _____

Location of Institution: _____

City, State

Do you have a valid Idaho Certification? Yes _____ No _____ Expiration Date: _____

Last Employment Information

Employer: _____ Dates of Employment: _____

Position Title: _____

Employer Address: _____

Street

City

State

Zip

Supervisor's Name: _____ Supervisor's Phone: _____

Military Service

Have you serviced in the United States armed forces? Yes _____ No _____

Branch _____ Dates of Service _____

Type of Discharge _____ If other than honorable, explain _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____