SUBSTITUTE TEACHER APPLICATION

COMMERCE PUBLIC SCHOOLS

Telephone: (918) 675-4316

217 Commerce Street Commerce, OK 74339

Notice to Applicants: This school district does not intentionally discriminate in its employment policies on the basis of race, national origin, religious beliefs, age, disabilities, or gender.

Last Name	First Name Midd	le Name	Social Security N	umber
Street Address	S		Phone Number	
City	State	Zip Code		
Mailing Addre	ess, if different from	n above		
Are you a Uni	ted States citizen?	Yes No		
If not, what do States?	ocumentation do yo	ou have to show that yo	ou are legally eligible to	o work in the U
*Are you now	or have you ever t	peen certified to teach?	Yes No	
If you are cer certificate.	tified to teach or h	ave been certified to te	each, please attach a co	ppy of your teac
List grade lev	el preferences:			
Elemer	itary	Middle School	Hig	h School
Days available	e?			
Monday	Tuesd	ayWednesd	layThursday	Friday
Educational B	ackground (Non-C	ertified only):		
•		oma or a GED? Yes ed:		

C. Employment History:

The District will conduct background checks to verify information provided.

CONSENT AND RELEASE OF ALL CLAIMS AGAINST PREVIOUS EMPLOYERS:

Sign below if you agree that the District may contact your previous employers and ask them detailed questions about your prior work experience, if you specifically consent to the release of information by these prior employers to the District, and agree to release such prior employers, their employees, and their governing boards, from any and all causes of action or other potential claims which you could have against them for answering questions about your work experience. This consent is a covenant not to sue any prior employer, their employees, or their board members for defamation, regardless of what said prior employers may relate to the District regarding your previous employment experience.

Provide the following information about your past employers, with the current employer being listed first a then proceeding to your first employer. Attach additional sheets if necessary. 1. Current Employer:	I have employ		
then proceeding to your first employer. Attach additional sheets if necessary. 1. Current Employer:	Signature of Applicant		
 a. Job Title:			
b. Dates of Employment: c. Supervisor: d. If employed under a name different from the name you are using for this application, under what name were you employed? 2. Employer: a. Job Title: b. Dates of Employment: c. Supervisor: d. If employed under a name different from the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application.	1.		
c. Supervisor: d. If employed under a name different from the name you are using for this application, under what name were you employed? 2. Employer: a. Job Title: b. Dates of Employment: c. Supervisor: d. If employed under a name different from the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application.			
d. If employed under a name different from the name you are using for this application, under what name were you employed? 2. Employer: a. Job Title: b. Dates of Employment: c. Supervisor: d. If employed under a name different from the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application, under the name you are using for this application.			
what name were you employed? 2. Employer: a. Job Title: b. Dates of Employment: c. Supervisor: d. If employed under a name different from the name you are using for this application, under			
 a. Job Title:			
 a. Job Title:	2.		
 b. Dates of Employment: c. Supervisor: d. If employed under a name different from the name you are using for this application, under the name you are using for this application. 			
c. Supervisor:d. If employed under a name different from the name you are using for this application, under the name you are using for this application.			
what name were you employed?			
3. Employer:	3.		
a. Job Title:			
b. Dates of Employment:			
c. Supervisor:			
d. If employed under a name different from the name you are using for this application, und what name were you employed?			

D. **Criminal Activities:**

1.

The district has a duty to teach students proper citizenship and respect for the law, and teachers have an obligation to serve as role models for students. Because the district teaches students about the dangers of chemical abuse and because the district is entrusted with the supervision of minors, the district cannot have employees performing duties while under the influence of dangerous substances or substances which adversely affect reaction time and good judgment.

Information concerning past illegal acts will be considered along with the time of the offense, the seriousness and nature of the violation, any rehabilitations and your subsequent employment history.

Have you ever been convicted of a felony? Yes_____ No____

	2.	If so, provide details:				
	3.	Have you ever been convicted of a criminal offense involving illegal drugs? YesNo				
	4.	If so, provide details:				
	5.	Have you ever been convicted of a criminal offense involving illegal use of alcohol? YesNo				
	6.	If so, provide details:				
	7. 8.	Have you ever been convicted of any criminal offense involving minors? YesNo If yes, provide details:				
E.		cation: tion will serve as your request to add your name to our list of substitute teachers.				
I unde	erstand	that my application will remain active from August 1 through June 1 of the school year in which on is made and that I should notify the office of the Superintendent, in writing, if I wish to be eyond that period.				
		a substitute teacher to be paid at the certified substitute rate, they must have on file, in the main y of their teaching certificate.				
I veri	fy the a	answers provided above are true and correct.				
Date:						
Signa	iture of	Applicant:				