

**BLUFFTON-HARRISON METROPOLITAN SCHOOL DISTRICT
Substitute Teaching Application**

Name of Applicant: _____
Address of Applicant: _____
Street (P.O. Box #) _____ Apt. # _____
City, State, Zip _____
Home Telephone () _____ Other Telephone () _____
Social Security Number (Required for Local Application for Payroll): _____

Provide the following information for 3-5 references in the space below. References should include the two most recent employers unless you have never been employed.

	<u>Name of Reference</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Circle "YES" or "NO" in response to the statements below and **attach transcripts** if applicable:

- | | | |
|---|-----|----|
| 1. I have received a high school diploma based on a B- (2.75/4 grade point) average. | YES | NO |
| 2. I have successfully completed 15 semester hours of college/university credit. | YES | NO |
| 3. Although I have not met the eligibility requirements described above, I believe that my supervisory/instructional experiences with children has been unusually successful. | YES | NO |

In the space provided below and the back of the form if necessary, all applicants should describe in some detail any past experiences involving the instruction or supervision of children and include the name and address of someone who will verify the experience(s):

To receive additional consideration, you must sign and date the form below. Be aware that your signature will constitute permission for the school to check your references carefully and to conduct a criminal records check if deemed necessary.

Applicant's Signature: _____ Date: _____