

Oak Grove R-VI School District

**SUBSTITUTE APPLICATION**

**PERSONAL INFORMATION**

NAME *Last* *First* *M.I.*

ADDRESS *Street* *City* *State* *Zip*

CONTACT *Daytime Number* *Cell Phone* *Email Address*

**EMPLOYMENT PREFERENCES**

Willing to Substitute for:  Teacher  Paraprofessional  Nurse  Secretary  Custodial

Grade Level:  Early Childhood (PK)  Primary (K-2)  Elementary (3-5)  Middle (6-8)  High (9-12)

Days Available:  All  Monday  Tuesday  Wednesday  Thursday  Friday

**EDUCATION AND PROFESSIONAL TRAINING**

| College or University | Location | Dates Attended | Graduation |
|-----------------------|----------|----------------|------------|
| _____                 | _____    | _____          | _____      |
| _____                 | _____    | _____          | _____      |

Undergraduate Degree: Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Total Undergraduate hours: \_\_\_\_\_

Graduate Degree – Area(s) of Concentration: \_\_\_\_\_ Total Graduate hours: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

| Name  | Title | Address | Phone |
|-------|-------|---------|-------|
| _____ | _____ | _____   | _____ |
| _____ | _____ | _____   | _____ |

In case of emergency, please notify \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Forms received for substitute file

|       |   |       |                        |
|-------|---|-------|------------------------|
| _____ | W4 Form (Federal)                                 | _____ | Teaching Certificate   |
| _____ | W4 Form (State)                                   | _____ | Substitute Certificate |
| _____ | I-9 Form  | _____ | Transcript(s)          |
| _____ | Copy of Driver's License and Social Security Card |       |                        |

\_\_\_\_\_ Start Date