

# 2011 Substitute Teacher Application

(Form Must be Complete and Legible)

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Michigan Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_ CELL Number: (\_\_\_\_\_) \_\_\_\_\_

OTHER NUMBER for our Sub Caller to reach you: (\_\_\_\_\_) \_\_\_\_\_

## IN CASE OF EMERGENCY, Who Should be contact?:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ CELL #: \_\_\_\_\_

Were you employed with Olivet Community Schools during the previous school year (2010-2011)? YES or NO

## Current Employer: (Dates Required)

Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

## Previous Employer: (Dates Required)

Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Do you hold a Valid/Current Michigan Teaching Certificate? YES \_\_\_ NO \_\_\_

Name on Michigan Teaching Certificate: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

If you do not have a Michigan Teaching certificate, please provide a transcript of a minimum 90 credit hours consolidated at a four-year university. You must have a minimum of a 2.0 GPA per state regulations.

**Current E-mail Required: (If required)** Hiring cannot take place until you have paid for your substitute teacher permit. Please provide a current e-mail address that you check regularly – Olivet Schools will apply for a Substitute Teacher Permit for you electronically. You will then receive an electronic bill from the State of Michigan. The cost is \$45.00 (one-time/school year) and you will be required to pay this fee to be eligible to substitute teach in our district. If you do not have an e-mail address, you will need to provide payment information to Teresa Montague, Administrative Assistant in the Superintendent's Office.

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**Please check the grades or classrooms you prefer to work in:**

- K-3 at our elementary school
- 4-5 at our middle school
- 6-8 at our middle school
- 9-12 at our high school

**Check the following areas that you are willing to work**

Art     Band     Choir     Physical Education     Special Education

Other requests or preferences: \_\_\_\_\_  
\_\_\_\_\_

List any dates or times you CANNOT work: \_\_\_\_\_

Sharon Palacios, District Sub-Caller will contact you to confirm your schedule.

**Conviction and Court Documentation**

*Answer the following questions, if you answer yes to any of the conviction questions you will be required to provide copies or documentation to the Department of Education.*

**Circle One**

Have you ever been convicted of (or pleaded no contest to a misdemeanor or felony)?    Y or N

Have you had a teaching, school counselor, school psychologist, or school administrator certificate suspended or revoked?    Y or N

Is there currently action pending against your individual teaching, school counselor, school psychologist, or school administrator certificate?    Y or N

Have you ever surrendered a teaching, school counselor, school psychologist, or school administrator certificate?    Y or N

*I understand that the purpose of the above questions are to determine my eligibility/qualification to obtain a Substitute Teacher Permit that Olivet Community Schools will submit on my behalf for the 2011-2012 school year. If I have been convicted of any crimes, I agree to provide written documentation to Olivet Community Schools and the State of Michigan as required by State law.*

\_\_\_\_\_  
Printed name of Signature below

\_\_\_\_\_  
Signature of Substitute Teacher Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teresa Montague, Olivet Community Schools

\_\_\_\_\_  
Date