

Substitute Teacher Application

A W-4 form must be on file at the administration office located at the address below prior to substitute teaching.

Eufaula Public Schools

215 North 6th Street
Eufaula, Oklahoma 74432-2428
918.689.2152 fax 918.689.1080

DATE: _____

Name _____ Social Security Number _____ - _____ - _____ Phone Number _____

Address _____ City _____ State: _____ Zip Code: _____

BACKGROUND STATEMENT

I have read, completed, and signed the attached *Background Statement* and understand that Eufaula Schools will run a personal background check prior to my employment by the school district.

EQUAL OPPORTUNITY EMPLOYER

It is the policy of Eufaula Public Schools to provide equal opportunities for employment, retention, rehire, transfer and reassignment, and advancement of all persons regardless of age, race, color, creed, national origin, veteran status, political affiliation, religion, disability, or gender. NOTE: To remain active, applications must be renewed or updated every twelve months

EDUCATION

High School Diploma YES NO State: _____ Name of High School: _____

College(s) Attended _____

Major _____ Degree Earned: YES NO

Teaching Certificate: YES NO *If you do have a teaching certificate, please include a copy with this application*

TEACHING EXPERIENCE

Name of High School: _____

Name of Middle School: _____

Name of Elementary School: _____

Do you have a grade preference? YES NO If Yes, please list your preference. _____

Comments: _____

Applicant's Signature: _____ Date: _____

Number of Days Allowed to Substitute:

Unlimited Number of Days for those applicants who hold an Oklahoma Teaching Certificate.
Non-Certified Applicants are allowed to substitute a total of seventy (70) days.

Eufaula Public Schools
Background Check Consent Statement

I acknowledge that I have received a conditional offer of employment from Eufaula Public Schools contingent on the district requesting a background check. The background check will consist of a criminal history check and a sex offender registry check to be used solely for employment related purposes.

I understand that Eufaula Public Schools offer of employment is contingent upon the receipt and evaluation of the background check report.

I am providing the school district with my social security number and date of birth to permit a background check to occur.

Failure to provide consent or the required information after receipt of an offer of employment will result in the withdrawal of any offer of employment with Eufaula Schools. If Eufaula Schools hires me, it may request such additional reports about me for employment related purposes during the course of my employment. I understand that if Eufaula Public Schools hires me, my consent will apply throughout my employment to the extent permitted by law.

I have carefully read and understand this *Background Check Consent Statement* and, by my signature below, consent to the release of criminal history and sex offender registry reports to Eufaula Public Schools within the terms of this Statement.

This *Background Check Consent Statement* in original, faxed, photocopied, or electronic form will be valid for any such reports that Eufaula Public Schools may request.

Signature of Applicant _____ Date _____

Date of Birth _____ Social Security Number _____