

Lamoni Community Schools Substitute Teaching Application

Name: _____ Home Phone #: _____
Cell Phone# _____ Email Address: _____
Address: _____
Social Security No: _____ Iowa Teacher's Certificate Folder No. _____
Class of Certificate: _____ Expiration Date: _____ Endorsement Code(s): _____
Credentials on File: (Name of College) _____
Teaching approvals (Please indicate majors & minors): _____

Teaching Experiences (other than student teaching): _____

SUBSTITUTE TEACHING PREFERENCES

Grade/Age Group(s): K-4 5-8 9-12
Special Classes: Physical Education Vocal Music Instrumental Music Art
 Library Talented & Gifted Title I Reading

Special Education: Elementary RTP Secondary RTP
 Elementary SCIN Secondary SCIN
 Preschool Handicapped Severe & Profound
 Would be interested in being a teacher's associate sub in the Special Ed Programs

ADDITIONAL COMMENTS/INFORMATION (option): Please use this space for noting any additional information that may serve to enhance your qualifications as a substitute teacher (i.e. references, awards, special training in specific teaching models, etc.): _____

Signed: _____ Date: _____

Please note that your application will be on file in both the Superintendent's office and each applicable Principal's office. A personal interview may or may not be a part of the application process for new or first time substitute applicants. It is the responsibility of each applicant to reapply or notify the central office of his/her interest and availability to substitute for each new school year.

The following items must be on file before you will be allowed to substitute.

- 1. Completed Employment Application or Letter of Application
- 2. Copy of Certificate
- 3. Completed Form I-9 (Employment Eligibility Verification)
- 4. Completed W-4 Form (Federal and State)
- 5. Completed Physical Form
- 6. Mandatory Reporting (Child Abuse) Certificate

It is the policy of the Lamoni Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure processing complaints of discrimination. If you have questions or a grievance related to this policy please contact:
Guidance Counselor 202 N Walnut Lamoni, Iowa 50140 641-784-3351

LAMONI COMMUNITY SCHOOL DISTRICT

ALL APPLICANTS
Supplemental Application for Employment

The following information is compiled to assist in the completion of forms to verify equal employment. THIS FORM IS NOT USED DURING THE INTERVIEWING PROCESS NOR IS IT REVIEWED BY ANY MEMBER OF THE INTERVIEWING TEAM. It is to be retained in a separate file in the office of employee relations.

Date _____

Name _____ Position Applied For _____

Address _____ Phone _____

Social Security Number _____ Date of Birth _____
Month Day Year

Gender _____

Check One:

Are you Hispanic/Latino? _____ No not Hispanic/Latino _____ Yes, Hispanic/Latino

What is your race? (Choose one or more)

- American Indian or Alaska Native _____
- Asian _____
- Black or African American _____
- Native Hawaiian or Pacific Islander _____
- White _____

Citizen of the United States? Yes _____ No _____

If not, what is your status in this country? _____

Disability (list any condition which may qualify you as a disabled person): _____

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