Linton-Stockton School Corporation 801 First Street NE Linton, IN 47441 (812) 847-6020

SUBSTITUTE TEACHER APPLICATION

Date	:			
Nam	e:(Legal, Last)	(Legal, First)	(Legal, Middle)	
Λ				
Any	otner name or nar	hes by which you have been know	vn:	
Address:		City:	State:	
Zip Code: Phone		Phone # (Home)	Phone # (cell)	
Ema	il Address:			
For \	what subjects and	or grades are you available?		
Do y	ou hold a valid Ind	diana Teaching License?	(If, so please submit copy of license)	
Have	e you completed re	equirements but not yet applied fo	r an Indiana Teaching License?	
	se list your last tw r information requ	o (2) places of employment (the mested:	nost recent first) and complete the	
(a)	Company:		Date employed:	
	Address:		Phone #	
	Supervisor:		Job Title:	
(b)	Company:		Date employed:	
	Address:		Phone #	
	Supervisor:		Job Title:	
Plea	se list personal re	ferences:		
	<u>Name</u>	Phone #	<u>Relationship</u>	
1				

Please list your educational training

School or institution	<u>Degree</u>	<u>Major</u>	<u>Sem. Hrs.</u>			
High School:						
College:						
College:						
I understand that if I hold a teaching license and I substitute teach for more than 60 days in any school corporation it is my responsibility to contact Linton-Stockton School Corporation so that the appropriate documentation can be completed for me to join the Indiana Teachers' Retirement fund.						
Signature:			Date:			

Linton-Stockton School Corporation is an equal opportunity employer and will not discriminate against anyone on the basis of sex, age, race, color, natural origin, or handicap.

REQUEST FOR BACKGROUND INFORMATION (For limited criminal background check only)

Dear Application:

Jobs with the Linton-Stockton School Corporation ("School District") involve contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants are expected to provide us with this information; you are not being singled out for closer inspection. This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination from employment (regardless of when the misrepresentation or omission is discovered).

The conviction of a crime that has not been expunded by a court or any affirmative answer provided by you on

this insert is not an automatic bar to employment. The "School district" will consider the nature of any conviction that has not been expunged by a court or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.
1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? YESNO If yes, explain the circumstances on a separate sheet and attach it to this application.
2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? YES NO If yes, explain the circumstances on a separate sheet and attach it to this application.
3. Have you ever been investigated for, charged with, or plead guilty or "no contest" to any crime that has not been expunged by a court involving the sexual abuse of any person or indecency with a minor? YESNO If yes, explain the circumstances on a separate sheet and attach it to this application.
4. Have you ever been arrested for or convicted of a crime, other than a minor traffic offense, that has not been expunged by a court? YES NO If yes, explain the circumstances on a separate sheet and attach it to this application.
AUTHORIZATION AND RELEASE
I authorize the "School District" to check my employment history, including (without limitation) reference checks, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employers or local, state, or federal agencies to provide the "School District" any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.
In connection with any request for or provision of such information, I expressly waive any claims or causes or action(including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations) that I might otherwise have against the "School District," its officials, employees, trustees, or agents, or against any provider of such information.
I have read this authorization and release of all claims, and I expressly agree to the terms set out herein. In addition, the information provided in this application and attachments are true and correct to the best of my knowledge.
Signature Date
Please print your name