



# MIDFIELD CITY SCHOOLS

A tradition of Excellence & Pathway to Success

## EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER POSITION

### Applicant Instruction

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. To assure qualification for essential functions of the job, employment may be contingent upon the results of additional testing of your job related skills, mental/physical abilities, physical condition and for the presence of drugs in your body.

**Must complete Substitute Application and submit legible fingerprints for a Background review by the Alabama Bureau of Investigation and the Federal Bureau of Investigation (HB 402 ACT 99-361) Alabama Legislature.**

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

Social Security Number: \_\_\_\_\_

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

Prior Address: (if less than 3 years)

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

### General Information

Are you currently employed?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where: \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or requested to resign from position? (If yes, comment below) \_\_\_\_\_

\_\_\_\_\_

Have you ever had a certificate or license revoked or suspended? (If yes, comment below) \_\_\_\_\_

\_\_\_\_\_

Please list other skills, licenses, fluency in other languages or certificates that are job-related: \_\_\_\_\_

\_\_\_\_\_

### Teaching Experience:

Name of School	State	Grade/Subject Taught	Month/Year	Fulltime	Supervisor Name and Phone Number

**Work Experience**

Employer	City/County	State	Job Description	Dates of Employment	Supervisor and Phone Number

**Certification**

Have you been issued a certificate in this state? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Certificate: \_\_\_\_\_

Year Certification Expires: \_\_\_\_\_

**Health & Safety**

Have you ever had any work related illness or injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have had any such illnesses or injuries, would these prevent you from performing functions of the described job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical or mental condition, which would affect your job performance, your safety or the safety of others in the workplace? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, would you be taking any medication or drugs, which would affect your job performance, your safety or the safety of others in the workplace? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of these questions, please describe in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security**

In which states have, you lived in the past seven (7) years:

\_\_\_\_\_

Have you used any other names (aliases, maiden name, married name, etc.) or Social Security number other than what you have given or listed on page one? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please list: \_\_\_\_\_

Have you been convicted of a felony and/or serve time for a felony in the past seven years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of any crimes of moral turpitude or offenses involving children, handicapped or the elderly? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you answered yes to any of the above questions please describe below:**

Date of Incident	City and State	Description of the Charge

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**Certification and Release**

**I certify that I have read and understand the information in this form and that answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in the rejection of my application or discharge at any time during my employment. I authorized the school and/or its agents including consumer-reporting bureaus to verify any this information by searching appropriate information and record sources. I authorize all employers, persons, schools, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability from any damages whatsoever for issuing this information. I also understand that the use of illegal drug is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**General Information**

The Midfield City Board of Education is an Equal Opportunity Employer. “No person shall be denied employment or be excluded from participation in any program, or activity on the basis of disability, sex, race,