Genesee Joint School District No. 282
330 West Ash Street – PO Box 98 – Genesee, ID 83832-0098
DISTRICT OFFICE (208) 285-1161 – SCHOOL OFFICE (208) 285-1162 – FAX (208) 285-1495
APPLICATION FOR CERTIFIED AND NON-CERTIFIED SUBSTITUTE POSITIONS

| (last name) | (first nam | e) | (initial) | (former r | Social Secu | irity #: | cial security number is optional) | |
|--|------------------------------|-----------------------------|---|----------------------------------|--|--------------------|-----------------------------------|--|
| Present address | (number, | street, apt.) re, zip code) | | | Telephone (Alt. Phone (Application Date |)) e | | |
| In case of emergencies, contact: | | | | | Telephone () | | | |
| I am interested in substituting for: | | | ☐ Certified Teachers☐ Elementary☐ Secondary | | □ Non-Certified Employees □ Aides/Instructional Assistants □ Office Staff, Secretaries, etc. □ Food Services □ Custodial Services □ Maintenance and Grounds | | | |
| Availability: (Day | s of the week, morni | ngs, etc.) | | | | | | |
| Teaching credentials/licenses you have which are currently valid | | | | y valid: | Idaho . | Yes _ | No | |
| State Issui | ng | Type of Certificate | | Sı | Subject Area(s) | | Date of Expiration | |
| Please complet | e the follov | School ving for su | abstituting: | A MS | /MA PhD/E | ss area belov | | |
| CODE LEVEL OF PREPARA Could teach without di | | | | | D COULD LEVEL OF PREPARATION Could direct class in an emergency. | | | |
| B C | Could teach | with speci | fic lesson plans. n planned activiti | E | Unwilling to sub | | | |
| | Please | code every | area below usin | g the codes | above (A, B, C, D |), or E) | | |
| CHEMISTRY BIOLOGICA EARTH SCIE PHYSICAL S PHYSICS MATH 7/8 ALGEBRA GRADES K-3 | L SCIENCE ENCE SCIENCE | C S L E A | CALCULUS DECOMETRY DEECH DRAMA IBRARY NGLISH CCOUNTING DRADES 4-6 | CC BU SP SP AF HO | EYBOARDING DMPUTERS USINESS ED. ECIAL ED. ANISH RT DME ECON. USIC | TITL HEAD HIST GEO | D ICULTURE E 1 LTH | |

Please complete the following for both certified and non-certified substitute positions:

EXPERIENCE: (Provide dates of employment, positions held, subject area(s) taught, your immediate supervisor's name, the school/business name and address, and a telephone number.)

| 1. | School/business | Address | | | |
|---------------------------|---|--|-------|--|--|
| | Phone | Dates of Employment | | | |
| | Supervisor's Name | Position | | | |
| | Describe work performed (subject(s) take | ught, etc.) | - | | |
| 2. | School/business | Address | | | |
| Phone Dates of Employment | | | | | |
| | Supervisor's Name | Position | | | |
| | Describe work performed (subject(s) take | ught, etc.) | - | | |
| 3. | School/business | Address | | | |
| | Phone | Dates of Employment | | | |
| | Supervisor's Name | Position | | | |
| | Describe work performed (subject(s) take | ught, etc.) | - | | |
| | EFERENCES: Give at least three relax applying. Include principals or supervisions | ferences who have first-hand knowledge of your ability to perform the type of work for which you as sors with whom you are now working. | re | | |
| | 1. Name | Official Position | | | |
| | Address | Phone | | | |
| | 2. Name | Official Position | | | |
| | Address | Phone | | | |
| | 3. Name | Official Position | | | |
| | Address | Phone | | | |
| | | ********** | | | |
| | ne Genesee Joint School District Normation is required. | No. 282 has my permission to contact the above references by telephone if furthe | r | | |
| Sig | gnature | | | | |
| Pri | int/Type Name | | | | |
| | | OCTIVED A DE AC OF INTERPRET. | | | |
| AI | DDITIONAL COMMENTS OR | R OTHER AREAS OF INTEREST: | | | |
| | | | | | |
| | | | | | |
| | ons hired as employees of the Genesee Joint School Dis background checks are also required at the employee's | strict No. 282 will be required to verify employment eligibility, as required by Title 8, United States Code, Section 1324A. Fingerprie expense. | nting | | |
| | G | ienesee Joint School District No. 282 is an equal opportunity employer-educator. Applications from all qualified individuals are considered. | | | |
| Bac | ice use only – kground check clearance:yesno ver's license copy:yesno | I-9 Requirement completed:yesno | | | |