

# Lake County School District R-1

Human Resources /Sub Coordinator  
 328 West 5th Street  
 Leadville, CO 80461  
 719-486-6800 FAX: (719) 486-2048

PLEASE TYPE OR PRINT

## Substitute Teacher Application

DATE \_\_\_\_\_

P E R S O N A L  D A T A	Name _____				
	Last	First	M.I.		
	Social Security# _____		Email: _____		
	Address _____				
D A T A	Number & Street	City	State	Zip	
	Phone Number _____		_____		
	(cell)	(home)			
A S S I G N M E N T	What grade level(s) / subject area(s) are you able to teach? _____				
	Circle all schools in which you would like to substitute:				
	High School 7-12	Intermediate School 3-6	West Park Elem. K-2		
	Would you be willing to assume a position that might last several weeks? _____ Yes _____ No				
	Several months? _____ Yes _____ No				
E D U C A T I O N  &  L I C E N S E	<b>EDUCATION</b>				
	List colleges or universities attended and the degrees and certificates received				
	College or University (Name & Address)	ATTENDED from to	DEGREE & DATE	Major	Minor
Please include a copy of your current teaching certificate					
State	Type (Certificate, License or Endorsement)	Date Issued	Expiration Date		
HAVE YOU ALREADY APPLIED FOR A COLORADO SUB LICENSE? YES _____ NO _____					
DATE APPLIED _____					

List Most Recent First		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT HISTORY	Employer _____	Employed	Duties and Responsibilities
	Address _____	from	
	Position _____	_____	
	Supervisor _____	to	
	Reason for leaving _____	_____	
	Phone # _____		
	Employer _____	Employed	Duties and Responsibilities
	Address _____	from	
	Position _____	_____	
Supervisor _____	to		
Reason for leaving _____	_____		
Phone # _____			
Employer _____	Employed	Duties and Responsibilities	
Address _____	from		
Position _____	_____		
Supervisor _____	to		
Reason for leaving _____	_____		
Phone # _____			
REFERENCE	List three people qualified to comment on your abilities and your past experience		
	Name	Address	Position

I certify that all information provided on this application is correct and complete, to the best of my knowledge, and understand that employment is contingent upon its accuracy. I further understand that I will not receive payment for substitute teaching services unless the proper payroll forms have been completed and received by the Human Resource Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Continuing substitute teachers must contact the Human Resources Office in order to remain active.

EQUAL OPPORTUNITY EMPLOYER  
Thank you for your interest in our schools!