SUBSTITUTE TEACHER APPLICATION

Haysville Unified School District 261
1745 West Grand
Haysville, KS 67060

Name: _____

Address: _____
Street City State Zip

Phone: _____ Social Security Number: _____

Please check the type of valid certificate you currently hold.

_____ Standard Kansas Teaching License

_____ Standard Kansas Substitute Teaching License

_____ Kansas Emergency Substitute Teaching License

REFERENCES: List below a minimum of three (3) persons who can speak to your character and work experience.

Name	Position	Address	Phone

Have you ever been convicted of any crime other than a minor traffic infraction? Yes _____ No _____

If yes, indicate crime, location and date: _____

From the Kansas Certification Handbook: "Substitute teachers must register their certificate with the office in the district where they will substitute."

Signature: _____ Date: _____