



We are proud to be a Drug Free
WORKPLACE

104 N Rose Hill Road
ROSE HILL, KS 67133-9785

"USD 394 will conduct
background investigations"

SUBSTITUTE APPLICATION

Dear applicant:

Thank you for your interest in our school district. We have a strong commitment to excellence in education and to the students whom we serve, so we are always looking for talented and dedicated professional educators to staff our schools.

This application is for your use. After applications have been reviewed, selected applicants will be invited for formal interviews. Due to the high volume of applications USD 394 receives, we are unable to personally interview every applicant.

Please note the following procedures:

1. complete this application,
2. send a photocopy of your Kansas Teaching License.

Your application will be maintained for this school year and next school year; after that time, if you wish your application to be kept in our active file, you will have to notify this office of your desire.

Sincerely,

Randal Chickadonz
Superintendent

Date: _____

Name: _____

Last

First

Middle

Present address: _____

Street Address

City

State

Zip code

Phone number: _____

Preferred teaching level/subject area(s):

_____ Elementary

_____ Secondary

_____ Preferred grade level(s)

Qualified to teach:

Education:

College or university	City and state	Major field(s)	Degree

Student teaching:

Date: _____

Grade or subject matter: _____

School: _____

City: _____

College supervisor: _____
Name

Cooperating teacher: _____
Name

Previous work experience: (Please do not include substituting or student teaching)

City	State	School district	Grade or subject	Dates of Employment	Total Years

Certification information:

1. Kansas certificate you now hold: _____
2. Kansas certified applied for: _____
3. Expiration date: _____

Professional references:

Name	Address	Phone #	Position

Personal references:

Name	Address	Phone #	Position

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the district, which reserves the right to accept or reject the application. I further agree to observe all rules, regulations and policies of the district.

Signature of applicant

I hereby authorize the district to conduct work history, personal reference and/or police record inquiries to determine my acceptability for employment.

Signature of applicant

Rose Hill Public Schools does not discriminate on the basis of race, color, national origin, sex, handicap/disability, religion, or age as to treatment of students in programs, activities and as to employment. Persons having inquiries concerning the district's compliance with Title VI, Title IX, Section 504, Americans with Disabilities Act, the Age Discrimination Act may contact Brad Keirns, the school district's ADA, Title IX, and Section 504 coordinator, 104 N. Rose Hill Road, Rose Hill, KS 67133, 316-776-3300.