



## BELLS CITY SCHOOL DISTRICT

4547 HIGHWAY 88 SOUTH; BELLS, TN 38006  
731.663.2041 PHONE 731-663-2161 FAX

### SUBSTITUTE TEACHER APPLICATION

Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Days Available (Circle) M Tu W Th F

Have you ever worked as a substitute teacher? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in working as a substitute in school nutrition? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATION

Name/Address of High School \_\_\_\_\_

Year Graduated or GED Earned \_\_\_\_\_ Highest Degree Received \_\_\_\_\_  
AAS, BA, etc.

College/University/Special Training \_\_\_\_\_

### EMPLOYMENT

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

## REFERENCES

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

## WRITING SAMPLE

Please answer the following question: Why do you desire to work with elementary age children, and what personal and professional qualities do you possess that would benefit our school?

[illegible]

I hereby certify that all statements in this application are true, complete and correct. I understand that any willful omission or falsification of material facts in this application will constitute sufficient reason for my immediate termination.

Applicant Signature \_\_\_\_\_

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Date \_\_\_\_\_