

**UNION COUNTY SCHOOL DISTRICT  
P.O. BOX 939  
NEW ALBANY, MS 38652  
662-534-1960  
RUSSELL TAYLOR, SUPERINTENDENT**

**SUBSTITUTE APPLICATION**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CITY STATE ZIP CODE

**PREVIOUS ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CITY STATE ZIP CODE

**PHONE #:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**HIGH SCHOOL DIPLOMA:** YES \_\_\_\_\_ NO: \_\_\_\_\_ **GED:** \_\_\_\_\_

**SCHOOLS ATTENDED:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

\_\_\_\_\_ **DATES:** \_\_\_\_\_

**DO YOU HAVE A FOUR YEAR COLLEGE DEGREE:** YES \_\_\_\_\_ NO: \_\_\_\_\_ (This will determine whether you are paid as a degreed or non-degreed substitute. Please furnish verification/copy of degree.)

(Effective July 1, 2000 in compliance with State Law, Senate Bill 2658, the following question must be answered.)

**HAVE YOU EVER BEEN CONVICTED, ENTERED A GUILTY PLEA OR NOLO  
CONTENDERE PLEA TO A FELONY CHARGE:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Other:** Any information that you would like to share (college degree, training, experience, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Are you a retiree of the MS Public Employees' Retirement System:** Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE CHECK THE SCHOOL(S) WHERE YOU WISH TO SUBSTITUTE:**

\_\_\_\_\_ EAST UNION \_\_\_\_\_ INGOMAR \_\_\_\_\_ MYRTLE \_\_\_\_\_ WEST UNION

**PLEASE CHECK THE DAY(S) YOU ARE AVAILABLE TO SUBSTITUTE:**

\_\_\_\_ Monday-Friday \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F

**Do you have any previous experience substitute teaching?**

\_\_\_\_ YES      NO \_\_\_\_

**If yes, name the school(s) where you have substituted.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**REFERENCES**

**Give name and address of three people, not relatives, who are familiar with your work or who are good character witnesses.**

	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**I, \_\_\_\_\_ have interviewed the above applicant and**  
**Principal's Name**  
**do \_\_\_\_\_ or do not \_\_\_\_\_ recommend as a substitute for the Union County**  
**School District.**

**The Union County School District is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, military status, religion, sex, national origin, age, a legally defined disability to a qualified applicant or other status as protected by law. This employer participates in E-Verify. (Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States).**

**Print**