

SUBSTITUTE TEACHER APPLICATION

FRUITLAND SCHOOL DISTRICT
P.O. Box A
FRUITLAND, IDAHO 83619

(LAST NAME) (FIRST NAME) (INITIAL)

SOCIAL SECURITY NUMBER _____ TELEPHONE _____

PRESENT ADDRESS _____

EMAIL ADDRESS _____

EDUCATION (HIGH SCHOOL) _____

(COLLEGE) _____

TEACHING OR CHILD CARE EXPERIENCE _____

WILLING TO SUBSTITUTE FOR:

ELEMENTARY _____

INTERMEDIATE _____

MIDDLE SCHOOL _____

HIGH SCHOOL _____

REFERENCES _____

COMMENTS _____

Have you ever been convicted of a felony? NO _____ YES _____

Have you ever been convicted, been given a suspended sentence or been given a withheld judgment
in regard to a crime involving moral turpitude? NO _____ YES _____

If yes to either question, please explain: _____

Signature _____

Date _____