

**WACONDA USD #272  
CAWKER CITY, KS  
SUBSTITUTE TEACHER APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Qualified disabled individuals will be given reasonable accommodation for employment unless such an accommodation would impose an undue hardship on the school district. Do you have any physical or mental condition that may limit your ability to perform the essential functions of substitute teacher? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, what accommodations will you require? \_\_\_\_\_

Except for minor traffic violations, were you ever convicted of any violation of law? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever entered into a criminal diversion agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate you now hold: \_\_\_\_\_ Expirations date: \_\_\_\_\_

Please indicate the location you would like to substitute:

Cawker City \_\_\_\_\_  
Downs \_\_\_\_\_

Please indicate the grade level you would like to substitute:

Pre-school \_\_\_\_\_  
Elementary \_\_\_\_\_  
Junior High \_\_\_\_\_  
Senior High \_\_\_\_\_

**Experience:**

Teaching position	City & State	Grades/Subjects	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**References:**

Name	School/Company	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information provided herein is true and complete to the best of my knowledge.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_