

Attica Consolidated School Corporation  
205 E. Sycamore Street  
Attica, Indiana 47918

**SUBSTITUTE TEACHER APPLICATION**

Date \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      Middle and/or Maiden

\_\_\_\_\_  
Present Address                                      City                                      State                                      Zip                                      Telephone Number

Social Security Number \_\_\_\_\_ Grade Level \_\_\_\_\_

Days of the Week Available to Sub \_\_\_\_\_

Do You Have a Teacher's License? \_\_\_\_\_

Do You Have a Substitute Teacher's Certificate \_\_\_\_\_

If no, and you have 60 or more college hours, have you applied for a Substitute License? \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	CIRCLE LAST YEAR COMPLETED	MAJOR
High School			
College			
Graduate Work			
PERSONAL REFERENCES: PLEASE LIST AT LEAST TWO REFERENCES			
Name	Address	Occupation	
1.			
2.			
WORK RELATED EXPERIENCE			

## OTHER QUESTIONS

1. Have you ever been convicted of a violation of law other than a minor traffic violation? (The term “conviction” includes any conviction, a guilty plea, a plea of no contest, a suspended sentence, a deferred sentence, a deferred judgment, or a finding of guilt by a jury or judge.)
2. Have you ever been investigated for, charged with, or pleaded guilty or “no contest” to any crime involving the sexual abuse of any person or indecency with a minor?
3. Have you ever been terminated or discharged, or resigned at the request of your employer from any job related to PK - 12 education?
4. In connection with your professional responsibilities, have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?
5. Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?
6. Have you ever had a license (teachers/ drivers) revoked in this state or any other?

If you answered “yes” to any of the above questions, please explain on a separate paper including the date of the incident, charge, any court action taken, the offense in question, and the address of any court involved.

## AUTHORIZATION AND RELEASE

Please read carefully and then sign your name if you agree to the terms of this understanding. I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible to volunteer within the Athletic Department, Schools or Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**In addition to the application, you must complete a non-certified background check thru SafeHiring Solutions that is provided on our website, [www.attica.k12.in.us](http://www.attica.k12.in.us) under the employment link.**

**Applications should be returned to the supervisor of the area in which you wish to volunteer.**

Attica Consolidated School Corporation is an equal opportunity provider.