

SUBSTITUTE TEACHER APPLICATION

Tuba City Unified School District No. 15

P.O. Box 67
 TUBA CITY, ARIZONA 86045
 (928) 283-1000

Tuba City Unified School District No. 15 is an equal opportunity employer and has adopted Indian Preference in Employment.

Name: _____ Social Security #: _____
 Last First MI

Present Address: _____ Home Phone #: (____) _____
 _____ Message Phone #: (____) _____

Arizona Certificates Held: _____

Academic Preparation

School and Location	Major:	Minor	Semester Hours	Degree Earned	Dates Attended	GPA
High School						
Higher Education						
Other						

NOTE: Please attach official transcripts from colleges/universities. Must have at least 30 semester hours.

Student Teaching: _____
 School Location Supervisor

Professional Experience (most current first, if none, list employment experience)

District	City, State	Grades & Subjects	Dates	Name of Supervisor	Reason for Leaving

List Honors, Awards, Distinctions: _____

List any special skills/endorsements (Arts, Music, etc.): _____

Health (General condition): _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

References: List names of four (4) persons who have knowledge of your character and qualifications:

Name	Position	Address	Phone #

READ CAREFULLY BEFORE SIGNING: I certify that the information supplied in this application is true and correct. I hereby authorize Tuba City Unified School District No. 15, by and through its agents and employees make any investigations of my personal, professional and financial backgrounds as it deems necessary. Falsification of any part of this application shall be cause for rejection of application or dismissal.

Signature: _____ Date: _____

NOTE: PLEASE WRITE A BRIEF STATEMENT OR PARAGRAPH ABOUT YOUR PHILOSOPHY OF EDUCATION.