Genesee Joint School District No. 282
330 West Ash Street – PO Box 98 – Genesee, ID 83832-0098
DISTRICT OFFICE (208) 285-1161 – SCHOOL OFFICE (208) 285-1162 – FAX (208) 285-1495
APPLICATION FOR CERTIFIED AND NON-CERTIFIED SUBSTITUTE POSITIONS

				Social Secu	nrity #:	
(last name)	(first name)	(initial)	(former na			
Present address _	(number, street,	ant)		Telephone ()	
_	(number, street,	арт.)		Alt. Phone ()	
Emoil address.	(city, state, zip c					
Email address:				Application Date	2	
In case of emergen	cies, contact: _			Telephone ()	
I am interested in s	substituting for:		☐ Elementary ☐ A ☐ Secondary ☐ G ☐ H ☐ G		Non-Certified Employees Aides/Instructional Assistants Office Staff, Secretaries, etc. Food Services Custodial Services Maintenance and Grounds	
Availability: (Days	of the week, mornings, etc	:.)				
Teaching credentia	als/licenses you	have which are currently	valid:	Idaho _	Yes No	
State Issuing	g	Type of Certificate	Su	bject Area(s)	Date of Expiration	
		note: attach a copy of vali				
Highest degree:	High Scho	oolAABS/BA	A MS/	MAPhD/E	EdD	
Please complete	the following	for substituting:				
SUBJECT PREPA	RATION: (use th	e following to indicate your	level of con	npetence in each clas	ss area below.)	
B Could teach		EPARATION hout direction. h specific lesson plans. class in planned activities	direction. D Could direct class in an emergency. cific lesson plans. E Unwilling to substitute in the subject.			
	Please coa	le every area below using	g the codes	above (A, B, C, D	, or E)	
CHEMISTRYBIOLOGICALEARTH SCIENPHYSICAL SOPHYSICS	NCE	CALCULUS GEOMETRY SPEECH	_ CO	YBOARDING MPUTERS SINESS ED.	CHOIR BAND AGRICULTURE	

Please complete the following for both certified and non-certified substitute positions:

EXPERIENCE: (Provide dates of employment, positions held, subject area(s) taught, your immediate supervisor's name, the school/business name and address, and a telephone number.)

1.	School/business	Address			
	Phone Dates of Employment				
	Supervisor's Name	Position			
	Describe work performed (subject	t(s) taught, etc.)			
2.	School/business	Address			
	Phone Dates of Employment				
	Supervisor's Name	Position			
	Describe work performed (subject	t(s) taught, etc.)			
3.	School/business	Address			
	Phone	Dates of Employment			
	Supervisor's Name	Position			
	Describe work performed (subject	t(s) taught, etc.)			
		ree references who have first-hand knowledge of your ability to perform the type of work for which you are pervisors with whom you are now working.			
	1. Name	Official Position			
	Address	Phone			
	2. Name	Official Position			
	Address	Phone			
	3. Name	Official Position			
	Address	Phone			

	ne Genesee Joint School Distr Formation is required.	rict No. 282 has my permission to contact the above references by telephone if further			
Sig	gnature				
Pri	int/Type Name				
AI	DDITIONAL COMMENTS	S OR OTHER AREAS OF INTEREST:			
Pers	ons hired as employees of the Genesee Joint Sci	hool District No. 282 will be required to verify employment eligibility, as required by Title 8, United States Code, Section 1324A. Fingerprinting			
	background checks are also required at the emp	loyee's expense.			
		Genesee Joint School District No. 282 is an equal opportunity employer-educator. Applications from all qualified individuals are considered.			
Вас	ice use only – ckground check clearance:yesno ver's license copy:yesno	o I-9 Requirement completed:yesno W-4 completed:yesno Social Security card copy:yesno Date sent to principal:			