



## PARMA SCHOOL DISTRICT #137

805 E. McConnell Avenue  
Parma, ID 83660  
208/779-4069 ext. #1602  
208/779-4080 FAX  
*eobenchain@parmaschools.org*

### SUBSTITUTE APPLICATION

Today's Date: \_\_\_\_\_

Check position for which you are applying for: (you may check more than one position)

Teacher    Kitchen    Bus    Custodial    Clerical

Prospective employee will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. An Equal Opportunity/Affirmative Action Employer.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_  
Street or P O Box \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Message Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever applied with Parma School District #137? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Year \_\_\_\_\_ Position \_\_\_\_\_

Are you of legal age to work? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you require a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work overtime if asked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a day's notice to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

When are you available for work? \_\_\_\_\_

List any special training or skills: \_\_\_\_\_

\_\_\_\_\_

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Education	Name of School	Location	Course of Study	Graduate	Degree
K-8					
High School					
Business/ TechTrade					
College					
College					

**Previous Employment**

Please give complete full-time/part-time employment record. Start with present/most recent employer.

1. From \_\_\_\_\_ to \_\_\_\_\_ Wage (start) \_\_\_\_\_ (last wage) \_\_\_\_\_  
 Company Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title/Description \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

2. From \_\_\_\_\_ to \_\_\_\_\_ Wage (start) \_\_\_\_\_ (last wage) \_\_\_\_\_  
 Company Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title/Description \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

3. From \_\_\_\_\_ to \_\_\_\_\_ Wage (start) \_\_\_\_\_ (last wage) \_\_\_\_\_  
 Company Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title/Description \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

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**REFERENCES**

It is the applicant's responsibility to provide the following information in order to be considered for employment. The names, phone numbers and addresses of at least three reference sources (including current employer, if employed, or last employer if not currently employed).

Name	Position/Relationship	Mailing Address	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\*\*\*\*\*  
**Have you ever been convicted, plead guilty, no contest, or had a withheld judgment for a misdemeanor involving theft, violent crime, use/possession of a controlled substance, or crime against children or any felony?      Yes \_\_\_ No \_\_\_\_\_**  
**If yes, attach explanation.**

**Certification/Release**

I certify that I have read and understand the applicant note on Page One (1) of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires: I am willing to submit to a drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

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

**\*Applications are kept on file one year from date of signature**





# Substitute Questionnaire

## Parma School District #137

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

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

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

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in being a Substitute in the following areas:

- Maxine Johnson Elementary Teacher
- Parma Middle School Teacher
- Parma High School Teacher
- Educational Assistant
- Clerical
- Bus Driver
- Food Service

~ Availability:

Monday  Tuesday  Wednesday  Thursday  Friday

~ I prefer:

Mornings  Afternoons  All Day

~ I am willing to be a last minute Substitute:

Yes  No

~ I prefer to be notified by:

Phone Call  Text  Group Text  Email

~ I am willing to be a long term Substitute:

Yes  No

~ I like the idea of having a private Facebook group to keep up with Substitute Information and Sub Opportunities:

Yes  No  I don't have Facebook

### Office Use Only

Fingerprints - Date Mailed: \_\_\_\_\_ Date Cleared: \_\_\_\_\_ Paid Fee Date: \_\_\_\_\_ By: \_\_\_\_\_

Paperwork Completed - Yes \_\_\_\_\_ No \_\_\_\_\_

Preferred Principal - Mrs. Hardin \_\_\_\_\_ Mr. Winston \_\_\_\_\_ Mrs. Jensen \_\_\_\_\_

