



GUNNISON WATERSHED SCHOOL DISTRICT

Driven to Be the Difference

**800 North Boulevard
Gunnison, Colorado 81230
(970) 641-7760
FAX (970) 641-7777**

Application for Substitute Teaching

All qualified applicants will receive consideration for employment without regard to race, color, creed, sex, or national origin. This school district offers equal opportunity and treatment to all employers and qualified applicants.

POSITION DESIRED: _____

PERSONAL INFORMATION:

NAME: _____ DATE OF APPLICATION _____
(Last) (First) (Middle)

MAILING ADDRESS: _____

CELL PHONE: () _____ HOME PHONE : () _____

EMAIL ADDRESS _____

HOW TO APPLY-

The following documents are needed:

Application
Current résumé

Email PDF attachment to: jklingSmith@gunnisonschools.net

A substitute license is required. If you do not currently have a license, the district will pay for you to obtain one.

GENERAL INFORMATION:

Do you hold a valid Colorado Substitute License Yes No

Colorado Substitute License: _____
Type Expiration Date

EDUCATIONAL TRAINING:

	Dates (from – to)	Name of School	Degree	Date of Graduation
High School				
College or University				

EXPERIENCE: (Present Employer First)

	Date	Position
Name	From:	
Address	To:	
	Reason for Leaving:	

	Date	Position
Name	From:	
Address	To:	
	Reason for Leaving:	

REFERENCES:

Name	Position	Address	Telephone

Are you involved in any professional and/or community organizations?

What else should we know about you?

Do you have a specific age group that you prefer to work with?

Do you prefer one end of the valley over the other? Please outline your weekly availability.

I HEREBY CERTIFY by my signature that my application is complete and true to the best of my knowledge and has no intentional omission or misstatement.

Date _____ Signature _____

No smoking is allowed in any school district working/meeting areas or vehicles. Selected applicant must comply with the Gunnison Watershed School District's Drug-Free Workplace policy.

APPLICANTS OATH

APPLICANT: _____ **DATE:** _____
 Last **First** **MI**

SOCIAL SECURITY NUMBER: _____ **DOB:** _____

1. _____ Have you ever been convicted of a felony, pleaded nolo contendere or received probation for any offense involving moral turpitude? (Moral turpitude includes, but is not limited to, such offenses as theft, attempted theft, murder, rape, embezzlement and indecency with a minor.)

If yes, state the nature of the offense, date of the conviction, the name and address of the court and other pertinent details:

***Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.**

2. _____ Have you ever been involuntarily terminated or asked to resign from the employment of another school district/ or employer other than a school district?

If yes, please give the name of the district, the date and the reasons for the termination or request for resignation:

3. _____ Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application?

If yes, please explain:

Signature of Applicant

Date