

Monte Vista School District

Inspiring the Pursuit of Excellence, *One Student at a Time!*

APPLICATION FOR SUBSTITUTE EMPLOYMENT

To Applicant:

Monte Vista C-8 is seeking high quality candidates who meet Colorado Department of Education standards for licensure or substitute authorization. For specifics on Colorado requirements please contact:

Colorado Department of Education
Educator Licensing
201 East Colfax Avenue
Denver, CO 80203
(303) 866-6628
FAX: (303) 830-0793

Those selected for employment must:

1. Possess or be eligible to possess a Colorado teaching license or substitute authorization.

Return application and copy of Colorado teaching license or substitute authorization to:

Superintendent
Monte Vista School District C-8
345 East Prospect Avenue
Monte Vista, CO 81144
(719) 852-5996
FAX: (719) 852-6184

The Monte Vista School District does not unlawfully discriminate on the basis of race, color, sex, religion, national origin, ancestry, creed, age, marital status, sexual orientation, genetic information, disability or need for special education services in admissions, access to, treatment, or employment in educational programs or activities which it operates.

Specific complaints of alleged discrimination under Section 504 (handicap) or Title IX (sex) should be referred to: Superintendent of Schools, Monte Vista School District, 345 East Prospect Avenue, Monte Vista, Colorado 81144, phone (719)852-5996. Complaints may also be filed with the Office of Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Boulevard, Suite 310, Denver, Colorado 80204.

Robert A. Webb
Superintendent

345 East Prospect
Monte Vista
Colorado 81144
U.S.A

Phone
Fax
E-mail
Web site

719.852.5996
719.8526184
rwebb@monte.k12.co.us
<http://www.monte.k12.co.us>

District Use Only

Application Received ____/____/____ License/Substitute Authorization _____

MONTE VISTA SCHOOL DISTRICT NO. C-8

Application For Substitute Teacher

(Typed Responses Preferred)

Application Date _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Number Street City State Zip

Current Telephone No. _____ Alternate Telephone No. _____

E-mail _____

I hereby apply and AM QUALIFIED for the following position(s):

Level	Senior High Subjects	Middle School	Elementary Grade(s)
First Choice	_____	_____	_____
Second Choice	_____	_____	_____

Do you hold a valid Colorado teaching license or substitute authorization? Yes ____ No ____
Have applied ____

If "Yes",endorsements _____ and expiration date _____
(Please attach a copy.)

EDUCATION

Name of college, location and date(s) attended.	Date From-To	Degree	Major	Sem. Hrs.	Minor	Sem. Hrs.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

GRADUATE CREDIT earned since receiving most recent degree: college/date/amount of graduate credit.

**CONTRACTUAL SCHOOL TEACHING AND SUBSTITUTE EXPERIENCE
(MOST RECENT FIRST)**

Place Taught/Substituted	Assignment/ Responsibilities	Date		Name of Principal or Supervisor and Telephone Number
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total number of years teaching/substitute teaching in Colorado _____ Outside Colorado _____

OTHER RELEVANT EXPERIENCES (MOST RECENT FIRST)

Title/Description	Assignment/ Responsibilities	Date		Name of Supervisor & Telephone Number
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been dismissed from a position or asked to resign? Yes _____ No _____
If "Yes", where, and describe reasons (attach a separate sheet if necessary.)

Have you ever been convicted of a crime? Yes _____ No _____ If "Yes,
provide complete details on attached sheet of paper indicating date, charge, place, and action taken. Be
advised that an affirmative answer does not disqualify an applicant.

Signature

Colorado statutes provide that this application and the information contained herein is available for public inspection.

* * * * *

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information given by me on this application and my supplement is true and correct to the best of my knowledge. I understand that false statements on this application may result in termination of employment.

Date

Signature of Applicant

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