

COPPER RIVER SCHOOL DISTRICT SUBSTITUTE APPLICATION

NAME: _____
Last First M.I.

PHONE: _____ EMAIL: _____

HOME ADDRESS: _____
(or box number)

EMERGENCY CONTACT: _____
Name Phone

SUBSTITUTE AREAS OF INTEREST: (Mark all that apply)

- ☐ TEACHING
- ☐ AIDE
- ☐ OFFICE
- ☐ CUSTODIAL
- ☐ KITCHEN

Do you have an Alaska Teaching Certificate? (circle one) **Yes** **No**

A copy of your certification must accompany this application

Certificate # _____ Type: _____

NOTE - FOR TEACHER SUBS:

A copy of your teaching certificate must be on file at the DISTRICT OFFICE prior to becoming eligible for payment at the certified salary rate. Sub days worked prior to the date certificate is received will be paid at the non-certified salary rate.

COMPENSATION:

\$ 200/day Certified \$ 160/day Non-Certified \$ 18.00/hr. Classified

School(s) you wish to be considered as a substitute for:

1) _____ 2) _____ 3) _____

EDUCATION:

	School Name, City & State	Number of Years Completed	Graduate Yes/No	Degree/Emphasis
High School				
College/University				
Business, Trade, Correspondence				
Other				

EMPLOYMENT HISTORY (begin with most recent):

1. EMPLOYER NAME/FULL ADDRESS	FROM/TO	POSITION HELD	SUPERVISOR'S NAME/TITLE
Telephone No.			
2. EMPLOYER NAME/FULL ADDRESS	FROM/TO	POSITION HELD	SUPERVISOR'S NAME/TITLE
Telephone No.			
3. EMPLOYER NAME/FULL ADDRESS	FROM/TO	POSITION HELD	SUPERVISOR'S NAME/TITLE
Telephone No.			

Please submit, or have done, the following items with your substitute application:

- **BACKGROUND CHECK (Link will be emailed to you with instructions for completion.)**
- **W4**
- **1-9**
- **DIRECT DEPOSIT FORM**
- **CERTIFICATION (If you are a certified teacher, an original teaching certificate must be on file at the district office)**

Signature: _____

Date: _____