Substitute Application Uinta County School District #6

Date:						
Name:						
	Last	First	M	liddle		
Phone #		SSN:				
Address:						
	Mailing Address	City	St	ate	Zip	
Email:						
-	sition(s) are you apply			Nurs	e	
Food Service	s Para	Teacher	Office	Music	PE_	
Other		_				
Urie K-4	Middle School	5-8 Hi	gh School 9-12			
Are you currently PTSB SUB certified: Expiration Date:						
Do you have a Diploma or equivalent:			Date Completed:			
Do you have	an AA:	_ or BA:	Date Completed:			
Have you co	mpleted the Sub class	?	Date Completed:			

The Uinta County School District #6 does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding non-discrimination policies: Superintendent Smith: PO Box 1090 Lyman, WY 82937 (307) 786-4100