



Guest Substitute Teacher
CAMBRIA HEIGHTS SCHOOL DISTRICT
426 Glendale Lake Road
Patton, PA 16668
Phone 814-674-3626
Fax: 814-674-5411
www.chsd1.org

PERSONAL DATA

Name: _____ Date: _____

Address: _____ Cell Phone: _____

_____ Home phone: _____

E-mail Address: _____

May we contact you at work: ____ Yes ____ No Work Telephone: _____

Are you legally eligible to work in The United States: ____ Yes ____ No

(Proof of employment eligibility will be required upon employment.)

EMPLOYMENT STATUS

Date you could begin Guest Teacher employment. _____

May we contact your present employer? ____ Yes ____ No

Have you ever applied to this school district before? ____ Yes ____ No

Have you ever been employed by this school district before? ____ Yes ____ No

If yes, when? _____ Under another name? _____

List any professional organizations to which you belong: _____

Please write a brief paragraph describing the reasons you are applying for this position:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, gender, sexual orientation, age, marital status, or the presence of a non-job related medical condition or handicap.

We are an EQUAL OPPORTUNITY EMPLOYER, in compliance with the Rehabilitation Act of 1973 and the Americans With Disabilities Act.

EDUCATIONAL BACKGROUND**INSTITUTION NAME/LOCATION**

HIGH SCHOOL				
COLLEGE/UNIVERSITY	Degree Received	Your GPA	Major Field	Graduation Date
GRADUATE WORK				

List any Scholastic Honors received _____

EMPLOYMENT EXPERIENCE (Begin with your current or most recent experience.)

Organization name, Address & Zip Code	Job title / Duties	From Mo/Yr	To Mo/Yr	Supervisor Name & Address	Reason for Leaving

NOTE: If your employment references are under a name other than indicated on the front of this application, please indicate:

REFERENCES:

Name / Title	Address / Telephone Number
1.	
2.	
3.	

Have you ever been convicted of a felony? ____ Yes ____ No

I declare that the information in this application is true and complete to the best of my knowledge, and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that a condition of employment is the accuracy of the information I have provided.

Signature of Applicant

Date



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Reference Letter

A copy of this form will be sent to your current/previous or personal/professional reference for them to complete and return to the school district.

APPLICANT AUTHORIZATION: I, _____ hereby give permission for release of requested information to the CAMBRIA HEIGHTS SCHOOL DISTRICT to assist with the evaluation of my eligibility for employment. I release all persons and/or organizations involved from any and all liability associated with the release of this information. I understand that any information obtained will be kept confidential and I waive any right to access such information.

Applicant Signature _____

Date _____

If former employment was under another name, please print former name here _____

APPLICANT: DO NOT WRITE BELOW THE DOUBLE LINES
COPIES DEEMED AS VALID AS ORIGINALS

Please complete the requested information and return in the enclosed stamped, self-addressed envelope. Your prompt response will be appreciated.

TO: Mr. Kenneth J. Kerchenske, Superintendent – 426 Glendale Lake Road – Patton, PA 16668

Type of reference: Employer Personal _____

The above applicant has applied for a position as a Guest Substitute Teacher in the Cambria Heights School District.

Position previously held: _____ Dates of employment: _____

Reason for termination (if applicable): _____

How long have you known the applicant and in what capacity: _____

Is applicant eligible for rehire: Yes No If no, please explain: _____

PLEASE CHECK ONE OF THE FOLLOWING FOR BOTH EMPLOYER AND PERSONAL REFERENCE:

	Excellent	Good	Fair	Poor	Unable to Evaluate
Job Knowledge	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Honesty	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Do you recommend for employment: Yes No

Additional Comments (for Personal References-use back of form): _____

PERSON COMPLETING REFERENCE FORM:

Name (Signature) _____

Title _____

Date _____