



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				
<b>COLLEGE/UNIVERSITY</b>	<b>Degree Received</b>	<b>Your GPA</b>	<b>Major Field</b>	<b>Graduation Date</b>
<b>GRADUATE WORK</b>				

List any Scholastic Honors received \_\_\_\_\_

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**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:

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**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. Michael Strasser, Superintendent \_\_\_\_\_

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: \_\_\_\_\_

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): \_\_\_\_\_

PER

PERSON COMPLETING REFERENCE FORM:

Name (Signature) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_