



GREENE COUNTY SCHOOL SYSTEM

101 East Third Street
P.O. Box 209
Greensboro, Georgia 30642

Phone {706}-453-7688
Fax {706}-453-9019

SUBSTITUTE TEACHER APPLICATION

Last Name	First	Middle	Maiden
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Home Address/Street/P.O. Box #

City	State	Zip Code
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Telephone Number (Home): _____ (Cell): _____

Social Security Number: ____/____/____

Have you had substitute training? _____

Have you substituted in Greene County Schools in the past 3 years? _____

SCHOOL/GRADE LEVEL PREFERENCE(S)

Check Those Desired

____ Greene County Pre-School, Greensboro

____ Greene County Primary School (K-3), Union Point

____ Anita W. Carson Middle School (4-8), Greensboro

____ Greene County High School (9-12), Greensboro

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	ADDRESS	MAJOR	DIPLOMA/DEGREE	DATES ATTENDED
HIGH SCHOOL					
COLLEGE					
TECHNICAL					
GRADUATE					
OTHER					

Did your college work include student teaching? Yes _____ No _____
 If yes, give Grade: _____ Subject: _____
 Do you hold a valid Georgia Teaching Certificate? Yes _____ No _____

TEACHING EXPERIENCE

School, School District or Institution and Location	Grades/Subjects Taught Or Positions Held	Dates		No of years
		From	To	
School:				
Address:				
School:				
Address:				

WORK EXPERIENCE

Employer	Address	Dates Employed	Reason for Leaving

REFERENCES

Name	Telephone	Address

Have you ever been convicted of a felony or misdemeanor other than traffic offenses?

Have you ever had a teaching credential denied, revoked, or suspended in any state?

Have you ever been placed on disciplinary probation or been suspended from a college or university?

Have you ever failed to have a contract renewed? _____

If yes, attach an explanation:

I certify that the information recorded on this application is accurate to the best of my knowledge. Misrepresentation or omission of information is cause for termination from the Greene County School System Substitute Teacher List. If employed, I agree to abide by the policies and regulations of the Greene County School System.

Date: _____ Signature: _____

AN EQUAL OPPORTUNITY EMPLOYER