



# Application for Substitute Teacher

## Arlington Public Schools

PO Box 580  
Arlington, NE 68002

(402) 478-4171 Fax (402)

478-4176

Arlington Public Schools does not discriminate on the basis of gender, race, national origin, marital status, age or disability in admission to, or treatment of, or employment in, its programs and activities. It is the intent of Arlington Public Schools to comply with both the letter and spirit of the law in making certain discrimination does not exist in its policies, regulations and operations. Grievance procedures have been established for anyone who feels Arlington Public Schools has shown discrimination. These procedures can be obtained by contacting the Superintendent of Schools. Inquiries concerning the application of Arlington Public Schools policy of nondiscrimination should be directed to the Superintendent of Schools, 705 North 9th Street, Arlington, NE 68002

*Instructions to Applicant:*

*Please complete on-line and submit as an attachment to an email to the following address: Jennifer.arp@apseagles.org  
OR you may print the completed application and mail to the address above OR you may fax to the number above. (Entry boxes will expand as needed for your answers).*

**PART A**

**PERSONAL DATA**

Last Name	First Name	Middle Initial	Social Security Number
<b>E-mail:</b>			
<b>Street Address</b>		<b>City, State, Zip</b>	<b>Phone Number</b>
<b>Alternate telephone numbers where you can be reached (ie. cell phone):</b>			

<b>Citizen of USA?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>Have you ever been convicted of a felony or misdemeanor charge involving criminal behavior?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>If Yes, please explain:</b>				

Please indicate at what level(s) you would be willing to substitute:

<b>K-6 Classroom</b>	<input type="checkbox"/>
<b>7-12 Classroom</b>	<input type="checkbox"/>
<b>K-12 Music</b>	<input type="checkbox"/>
<b>K-12 P.E.</b>	<input type="checkbox"/>

**CERTIFICATION**

**EDUCATION**

High School	City, State, Zip	Graduation Year		
College	Degree	Dates Attended	Major/Minor	G.P.A.


**Number of college credits/hours beyond highest degree:**

**PART B**

**RETIREMENT ELIGIBILITY:**

Are you currently working at any other school on a regular basis?	<b>Yes</b>		<b>No</b>	
Are you currently contributing to the Nebraska Retirement System through any other school system?	<b>Yes</b>		<b>No</b>	

(You are required to inform the office if you begin contributing to the Nebraska Retirement System while still providing part-time services to Arlington Public Schools.)

**SUBSTITUTE CERTIFICATE AGREEMENT:**

As a substitute teacher holding a teaching certificate, I agree to the following requirements:

1. I agree that knowing the terms, requirements, restrictions, and expiration of my teaching certificate is my responsibility.
2. I agree that if called by the district, and my certificate has expired and I am not authorized to teach in the state of Nebraska, I will reject the district's request.
3. If I am a local sub I agree to keep track of the number of days in the school year that I can substitute teach as my certificate limits the number of days authorized to teach to 40 days. Three hours or more of subbing per day is tracked as a full day per state definition.

My signature below is my certification that I am aware and understand the terms of the substitute certificate agreement and the retirement eligibility requirement. I agree to follow the terms and conditions.

<b>Sign or Type Name</b>		<b>Date</b>	
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**PART C**

**NECESSARY INFORMATION**

Please note - The following information must be submitted BEFORE you can be added to our sub list.

- Substitute Teacher Application
- Current social security card (Required by Social Security Office for annual W-2 – not required for I-9)
- W-4 Form & Special Withholding Procedures
- Criminal Background Check – Valid drivers license needed
- Adult and Child Abuse and Neglect Register/Registry
- Notice and Authorization of Sharing Background Check Results
- I-9 Form (Actual document(s) used for verification)
- Direct Deposit form and voided check or bank issued information indicating routing number and account number  403(b) Non-enrollment Agreement
- Teaching certificate (Certificate must be signed by Superintendent– Original will be returned)  Acknowledgement and Receipt for Non-Discrimination, Drug, Sexual Harassment & Asbestos Policy  Web access information. User ID to be assigned when employment is approved.
- You will be required to watch the following Safe Schools Video's after application paperwork is submitted and prior to final approval.
  1. Blood Borne Pathogens
  2. Classroom Safety
  3. Bullying

Subs are paid on the 20<sup>th</sup> of the month for the previous calendar month. Daily Rate: \$160; Daily rate after 10 consecutive days for the same teacher: \$200

