



SHERIDAN COMMUNITY SCHOOLS

Substitute Teacher Application



“Home of the Blackhawks”

Vision

All students develop skills and attitudes resulting
in academic achievement, career success,
and exemplary citizenship.

Sheridan Community Schools
24795 N. Hinesley Road
Sheridan, Indiana 46069
(317) 758-4172
Fax: (317) 758-6248



FROM: Sheridan Community Schools
TO: Substitute Teacher Applicants
RE: Requirements for Certified Teachers

If you are interested in obtaining a substitute teaching position, the following information is needed:

1. Completed application.
2. Copy of your teaching license **or**
your completed Application for Indiana Substitute Teaching Certificate*
3. Teacher Retirement Number (if licensed teacher).
4. Criminal History Check information.

* The Application for Indiana Substitute Teaching Certificate is available from the Indiana Department of Education website: <https://license.doe.in.gov/>

Please submit all information to the Administrative Office personally or mail to:

Sheridan Community Schools
Attn: Kim Childers
24795 N. Hinesley Road
Sheridan, IN 46069



SUBSTITUTE TEACHER APPLICATION

SHERIDAN COMMUNITY SCHOOLS

24795 N. Hinesley Road

Sheridan, IN 46069

(317) 758-4172

Fax: (317) 758-6248

POSITION APPLYING FOR:

DATE: _____

_____ Elementary

_____ Middle School

_____ High School

1. Name: _____
(last) (first) (middle)

2. Mailing Address: _____
(street)

(city) (state) (zip)

3. Home Phone Number: _____ Cell Phone Number: _____

Sheridan Community Schools does not discriminate against any individual because of race, sex, color, religion, origin, or handicap in any educational programs which we operate or in employment practices.

4. Indiana Teaching Certificate #: _____ Type: _____ Expiration Date: _____

Area(s) of Certificate: _____

Total years of teaching experience: _____ Public School System: _____ Private: _____

5. If you have already acquired a substitute teaching certificate, it is valid for our school corporation. Please include a copy with this application.

6. List data pertaining to your educational and professional training.

Name of Institution

Degree/Dates Attended

Major/Minor

High School: _____

College: _____

7. List data pertaining to your employment history.

	<u>Name of School</u>	<u>Location</u>	<u>Grades or Subjects Taught</u>	<u>Dates of Employment</u>
a.	_____			
b.	_____			
c.	_____			
d.	_____			

8. List references:

	<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>
a.	_____			
b.	_____			
c.	_____			

Agreement

I affirm that all the information provided by me on this application is true and complete.

I also give my permission to Sheridan Community Schools to investigate and make inquiries into my past work and school records which are relevant in evaluating my application.

I hereby release employers, school, or persons from all liability in responding to inquiries in connection with my application. I also understand that if I have provided false or misrepresented information on my application or during an interview that I may be dismissed even if discovered after employment at Sheridan Community Schools has been secured.

Signature: _____ Date: _____



SHERIDAN COMMUNITY SCHOOLS CRIMINAL HISTORY CHECK

To: Potential substitute teachers who would have sole care,
control or custody over SCS Students

From: Doug Miller, Superintendent

Re: SCS Board Policies 3121 and 4121

To ensure the safety and well being of our students, the Sheridan Community Schools Corporation Board of School Trustees amended Board Policies 3121 and 4121 to require a full criminal history check for all new employees at the October 9, 2006, Board of School Trustees Meeting. To obtain a full and more comprehensive criminal history check, Sheridan Community Schools has contracted with Safe Solutions of Danville, Indiana.

Please complete the attached application form. Per board policy, the new employee is responsible for costs incurred for the criminal history check. Please provide a check payable to Sheridan Community Schools for \$30.

Please do not hesitate to contact me with questions or concerns regarding this matter.

Respectfully submitted,

Dr. Doug Miller
Superintendent

___ I have attached a check for \$30 to Sheridan Community Schools.

(School Use Only)

Date Received _____ Check # _____ Amount \$ _____



SHERIDAN COMMUNITY SCHOOLS

CRIMINAL HISTORY CHECK

NOTICE TO EMPLOYEES REGARDING BACKGROUND INVESTIGATION

A consumer report and/or an investigative consumer report (background screening report) including information concerning your police record may be obtained in connection with your application for and/or continued employment with Sheridan Community Schools. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the Sheridan Community Schools.** Upon timely written request of Personnel Department of the Company, and within 5 days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part of the information contained in the consumer report, you will be provided a copy of the report, the name, address and the telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Sheridan Community Schools to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at Sheridan Community Schools. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)

Driver's License Number

Driver's License State

(For ID Purposes Only)

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years): _____

Signature: _____ Date: _____

**PLEASE ANSWER THE FOLLOWING CRIMINAL HISTORY INFORMATION
AS AUTHORIZED BY STATE STATUTE (IC 5-2-5)**

Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or if you offered a resignation, your previous employer? Yes ____ No ____

If yes, explain the circumstances on a separate sheet and attach it to this application.

Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position? Yes ____ No ____

If yes, explain the circumstances on a separate sheet and attach it to this application.

Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, or of mishandling funds, or of criminal conduct? Yes ____ No ____

If yes, explain the circumstances on a separate sheet and attach it to this application.

Have you ever been charged with or investigated for sexual abuse of another person? Yes ____ No ____

Have you ever been charged with, pleaded guilty to or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude? Yes ____ No ____

(Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which are contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling, and indecency with a minor.)

Have you (a) ever been convicted of a crime other than a minor traffic offense or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere) or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense? Yes ____ No ____

If you have answered yes to any of the previous three questions, please provide the details, including the date of the charge, the court action, the offense in question, and the address of the court involved (explain the circumstances on a separate sheet and attach it to this application).

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Any false or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any private or public employer or any state, local or federal agency. I further authorize those persons, agencies, or entities that the Sheridan Community School Corporation contacts in connection with my employment application to fully provide the Sheridan Community School Corporation any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Sheridan Community School Corporation, its agents and officials, or against any provider of such information.

Signature: _____ Date: _____