

Marshall School

Application for Substitute Teaching

All information on this application will be treated confidentially. It is the policy of Marshall School to be fair and impartial in all of its relations with its employees and applicants for employment and to make all employment-related decisions without regard to race, religion, color, creed, national origin, age, sex, disability, sexual orientation, genetic information, marital status, status with regard to public assistance, membership or activity in a local commission, or any other classifications protected by federal, state, or local law.

Personal Data

Last name _____ First name _____ MI _____

Other names that may appear on records _____

Address _____ City/State/Zip _____

Home telephone _____ Other phone numbers _____

Email address _____

Education – Undergraduate Degree

Name and location of school attended _____

Course of study and major/minor _____

Diploma, degree, certification, license held _____

Education – Graduate Degree

Name and location of school attended _____

Course of study and major/minor _____

Diploma, degree, certification, license held _____

List areas you are willing to substitute _____

Also, list areas you feel you could not substitute _____

Do you have a background in library services? _____ Have you volunteered in a library? _____

List the days you are available to substitute and your assignment preferences:

Day(s) of week Every day or only Monday Tuesday Wednesday Thursday Friday

Assignment Any Middle School only (grades 4-8) Upper School only (grades 9-12)

Please submit this application to Rosemary Milczark, Executive Assistant to Head of School, with a letter of introduction, resume and three references with contact information. Official transcripts should be mailed to Rosemary Milczark at Marshall School, 1215 Rice Lake Road, Duluth, MN 55811.

I certify that the information contained in this application is a true and correct statement of my particulars, qualifications, training, experience and competencies. I understand that statements found to be false within my knowledge may make me liable for immediate dismissal.

Applicant Signature _____

Date _____

OFFICE USE

- BCA check
- Fed check
- W-4
- I-9 Form
- Resume
- References
- Transcripts
- Emergency Info