

Bethel Public Schools Substitute Teacher Application

Date: _____

Personal Information

Name _____ Social Security No. _____ Date Available: _____
 Last First Middle

Days Available: _____

Address _____ Home Phone _____
 Street or Box City State Zip

Sex: F M Cell Phone _____ Special Education ___ Yes ___ No ___ Will Try

Do you have a relative who is either a member of the Bethel Board of Education or who is employed in any capacity with Bethel Public Schools? ___ Yes ___ No

If yes: Name of relative _____ Relationship _____ Position Held _____

Professional Preparation

High School _____ Diploma/Degree _____
 Institution Town State Yes ___ No ___

College _____ Yes ___ No ___ Major _____
 Institution Town State

Certification

Oklahoma Teaching Certificate # _____ Substitute Teaching Preference: _____
 Copy of certification must be on file in the personnel office

Valid From _____ To _____ _____ Elementary

Area of Certification _____ _____ Middle School

Have you ever been employed by Bethel Public Schools previously? ___ Yes ___ No If yes, date _____

Are you currently paying monthly contributions to Oklahoma State Teacher's Retirement System? ___ Yes ___ No

Are you a retired member of Oklahoma Teachers' Retirement receiving a monthly retirement check? ___ Yes ___ No

Previous BPS Experience

School/Business	City/State	Subject/Grade Taught	Date From-To	Type of School Public or Private

References/Experiences

Name	Street, City, State and Zip	Phone	Relationship