

**SOMERSET INDEPENDENT SCHOOL DISTRICT  
SUBSTITUTE TEACHER APPLICATION**

305 College Street  
Somerset, KY 42501  
Phone: 606-679-4451  
Fax: 606-678-0864

“AN EQUAL OPPORTUNITY EMPLOYER”

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PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Social Security Number

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip Phone Number (CELL)

PERMANENT ADDRESS \_\_\_\_\_  
Street City State ZIP Phone Number (HOME)

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EDUCATIONAL INFORMATION (PLEASE ATTACH ALL COLLEGE TRANSCRIPTS)

HIGH SCHOOL ATTENDED \_\_\_\_\_ Address \_\_\_\_\_

COLLEGE or UNIVERSITY \_\_\_\_\_ Address \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Completed \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Degree Earned \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

GRADUATE COLLEGE or UNIVERSITY \_\_\_\_\_ Address \_\_\_\_\_

HOURS EARNED \_\_\_\_\_ Cumulative G.P.A. \_\_\_\_\_

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REFERENCES (Enter name and address of three references. Indicate position, i.e., supervisor, teacher, co-worker, etc.)

1. \_\_\_\_\_  
Name Position

\_\_\_\_\_  
Street City State Zip Phone Number

2. \_\_\_\_\_  
Name Position

\_\_\_\_\_  
Street City State Zip Phone Number

3. \_\_\_\_\_  
Name Position

\_\_\_\_\_  
Street City State Zip Phone Number

**STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT**

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit: (1) traffic violations for which you paid a fine of \$100 or less; and (2) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.

NO \_\_\_\_\_ YES \_\_\_\_\_ (If your answer is yes, give details below. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

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Are you related to the Superintendent or a Board Member of the Somerset Independent School District?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what is your relationship? \_\_\_\_\_

I hereby affirm that all information given in this application is true and complete to the best of my knowledge. I understand that any material misrepresentation or deliberate omission of fact in my application may be justification for refusal of, or if employed, termination of employment. I further understand that this is an application for employment not an offer of employment. I fully understand that before I can be officially employed by the Superintendent of Somerset Independent Board of Education, I must complete a pre-employment physical examination which could include a drug screening test, and a criminal records check.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Email address: \_\_\_\_\_

**NO EMPLOYMENT ACTION WILL OCCUR UNTIL ALL REQUIRED DOCUMENTATION IS RECEIVED**

The Somerset Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex or disability in employment, educational programs or activities as set forth in Title IX & VI, and in Section 504.