

ROLLA PUBLIC SCHOOLS

SUBSTITUTE TEACHER INFORMATION FORM

2023-24

DATE: _____ SOCIAL SECURITY #: _____

NAME: _____

Last
First
Middle
Maiden

ADDRESS: _____

Street Address
City/State/Zip

E-MAIL ADDRESS: _____ BIRTHDATE: _____

DAY-TIME PHONE #: _____ CELL PHONE #: _____

(Please designate preferred phone number to be put on substitute contact list by checking the box beside that number. If you want both numbers on the list, check both boxes. If you have a preference regarding which number is listed first, please designate that preference.)

GENDER? MALE FEMALE NOT SPECIFIED

MARITAL STATUS? MARRIED/CIVIL PARTNER SINGLE WIDOWED NOT SPECIFIED

PREVIOUS NAME: _____ REASON FOR NAME CHANGE: _____

RACE? HISPANIC/LATINO NATIVE AMERICAN INDIAN OR ALASKA NATIVE
 ASIAN/INDIAN SUBCONTINENT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 BLACK OR AFRICAN AMERICAN WHITE OTHER

ARE YOU A UNITED STATES VETERAN? YES NO
(IF YES, WHICH BRANCH): _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____
 EMERGENCY CONTACT PHONE #: 1: (_____) _____ 2: (_____) _____

EMERGENCY CONTACT ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS SCHOOL DISTRICT? YES NO

DO YOU HOLD A VALID MISSOURI TEACHING CERTIFICATE? YES NO
(DOES NOT INCLUDE SUBSTITUTE TEACHING CERTIFICATE)

ARE YOU A MISSOURI RETIRED TEACHER? YES NO

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING AVAILABILITY:

I will be available to substitute teach any subject/grade/school (Mark Twain/Truman/Wyman/RMS/RJH/RHS/RTI/RTC).

I will teach only the following subjects/grades/schools: _____

Due to other commitments (college classes, work schedule, etc.), I am available to substitute only on the following days/dates/times: _____

I am currently employed by Rolla Public Schools as: _____

I am interested in: Driving a school bus on a regular route Driving a school bus on field trips
 Driving a school bus on a substitute basis (If any of these boxes are checked, please fill out an online application (<http://www.applitrack.com/rolla/onlineapp/default.aspx>) and contact the Transportation Department at 458-0125.)

I am interested in teaching a community education class. (If interested, contact 458-0150 for more information.)

* * * * *

FOR OFFICE USE ONLY:

DAILY RATE: _____ MO RETIRED TEACHER FORM: _____ DIRECT DEPOSIT: _____



**ROLLA PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FORM**

Authorization Agreement

I, _____, hereby authorize Rolla Public Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize Rolla Public Schools to make withdrawals from this account in the event that a credit entry is made in error.

This agreement will remain in effect until Rolla Public Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____ Checking | Savings \$ or %: _____

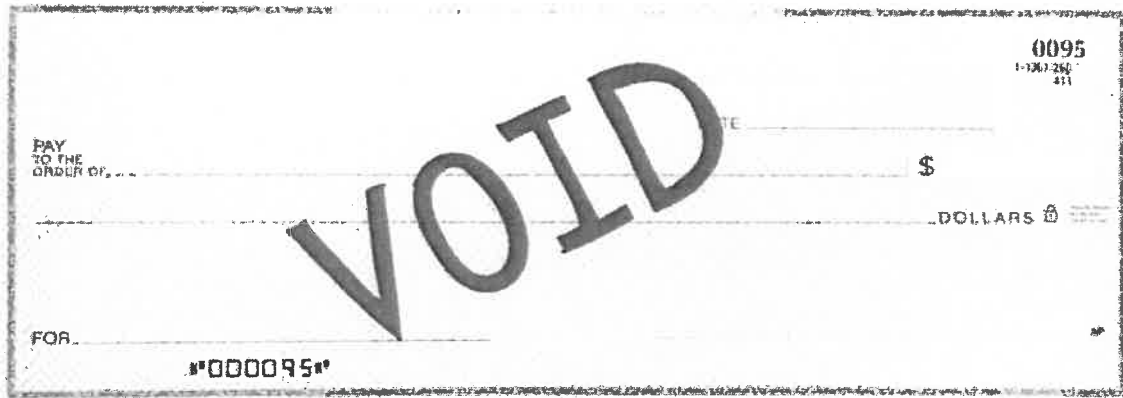
Routing Number: _____ Account Number: _____

Name of Financial Institution: _____ Checking | Savings \$ or %: _____

Routing Number: _____ Account Number: _____

Signature: _____ Date: _____

Attach VOIDED Check(s) below (deposit slips are not acceptable) or attach a letter to this document from your financial institution for direct deposit setup



Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.**

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	

Employers Only	Employer's name and address Rolla Public Schools 500A Forum Drive Rolla, MO 65401	First date of employment	Employer identification number (EIN) 43-6003051
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MISSOURI DEPARTMENT OF REVENUE

Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee	Full Name		Social Security Number			
	Home Address (Number and Street or Rural Route)		City or Town	State	ZIP Code	
	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household					
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2..... 2					
3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used..... 3						
4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4..... 4						
<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.						
<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.						
<input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.						

Signature	Under penalties of perjury, I certify that the information provided on this form is true and accurate.				
	Employee's Signature (Form is not valid unless you sign it)				Date (MM/DD/YYYY) ____/____/____

Employer	Employer's Name Rolla Public Schools		Employer's Address 500A Forum Drive			
	City Rolla		State Missouri	ZIP Code 65401		
	Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____/____/____		Federal Employer I.D. Number 4 3 6 0 0 3 0 5 1	Missouri Tax Identification Number 1 4 1 2 6 1 9 1 4 1 2 1 2		

Notice to Employer:

Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:

- Email: withholding@dor.mo.gov
- Fax: 877-573-6172
- Mail to: Missouri Department of Revenue
P.O. BOX 3340
Jefferson City, MO 65105-3340

Please visit dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.

Notice to Employee:

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator mytax.mo.gov/rptportal/home/withholding-calculator.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website dor.mo.gov/military/.
- Additional information can be found at mo.gov/business/withhold/.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 522-0967

Fax: 877-573-6172

Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



ROLLA PUBLIC SCHOOLS

FAMILY CARE SAFETY REGISTRY (FCSR)

RELEASE OF INFORMATION FORM

The Rolla Public School District is committed to providing a safe environment for students to learn. As part of this effort, the District requires criminal background checks of employees, as well as volunteers, chaperones, and others in positions where they will be left alone with a child in accordance with Policy GBEB Critical. Information received by the District pursuant to a criminal background check is confidential. Except as allowed by law, the District will only use this information for internal purposes. The District will keep this information in a location that is only accessible to person who need to know the information to carry out their responsibilities with the District.

Registration can be completed in 3 easy steps!

- Step 1:** Register with FCSR online at <https://health.mo.gov/safety/fcsr/>.
A one-time registration fee of \$15.25 applies (this includes a registration fee of \$14 plus a \$1.25 processing fee).
- Step 2:** Complete and sign this "Release of Information" form. If you are a chaperone or volunteer, you may also return it to any school office.
- Step 3:** Your letter of approval will be mailed to you from FCSR.

PERSONAL INFORMATION

Please print. Provide all registered names possibly used with FCSR.

Last name: _____

First name: _____ Middle name: _____ Suffix (if applicable): _____

Other names use (including other last names, other first names, nicknames): _____

Date of birth: ____ / ____ / _____ Social Security number: _____ - _____ - _____

CONTACT INFORMATION

Street address: _____ PO Box: _____

City, state, zip code: _____

Email: _____ Home/Cell phone: _____ - _____ - _____

AUTHORIZATION

I certify that I am registered with the Missouri Department of Health and Senior Services - Family Care Safety Registry (FCSR). I hereby authorize Rolla Public School District to conduct a check of records to verify background information on the FCSR website. I understand that my social security number will only be utilized to verify background information with the FCSR. I also understand I must inform the Rolla Public School District if I am subsequently convicted of any criminal offense during my affiliation with the school district and its programs. I understand I will only have to register once with FCSR, however I must contact the Rolla Public School District's Human Resources or Volunteers office to have a background check run annually. I grant permission for the Rolla Public School District to conduct a background check on me either by verbal or electronic communication authorized by me.

I hereby release and discharge the Rolla Public School District, its employees, and any individual obtaining information for the Rolla Public Schools, from any liability whatsoever as a result of inquiries or disclosures related to my background check.

Signature: _____ Date: _____

OFFICE USE ONLY

Employee Substitute Teacher Volunteer Chaperone Recruiter Other _____

Date cleared: _____

TECHNOLOGY USAGE
(Employee Technology Agreement)

I have read the Rolla Public Schools Technology Usage policy and procedure and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, suspension or revocation of my access to district technology and termination of my employment with the district.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I understand I am responsible for any unauthorized costs arising from my use of the district's technology resources. I understand that I am responsible for any damages to district technology due to my negligent or intentional misuse of the district's technology resources. I understand that this form will be effective for the duration of my employment with the district unless changed or revoked by the district or me.

Printed Signature of Employee

Signature of Employee

Date

Name of School: _____

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 04/10/2003

Revised: 06/11/2008; 05/05/2011

Rolla Public Schools, Rolla, Missouri



403(b) SALARY REDUCTION AGREEMENT FORM (SRA) For Tax Sheltered Annuities and Custodial Accounts

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

403(b)

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$19,500 (\$26,000 if age 50 or over) in 2021. Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information

Check here if you have contributed to another 403(b), 401(a), or 401(k) plan offered by another employer in the current calendar year. **NOTE: Do not check this box if you have only contributed to the 403(b) plan associated with this SRA.** If so, please provide the amount of the year-to-date contributions you have made to the other plan(s): \$ _____ and, if applicable, the name of the other Plan: _____

* Social Security Number: _____ * First Name: _____ MI: _____ * Last Name: _____
 * Address: _____
 * City: _____ * State: _____ * Zip: _____
 * Date of Birth: _____ * Phone: _____ * Email address: _____

Part 2: Employer Information

* Full Organization Name, City and State: _____ * Date of Hire: (mm/dd/yyyy) _____

Part 3: Contribution Information

OPTION 1: Recurring Contributions

WARNING!!! Any new recurring contributions will supercede all current recurring contributions to your employer's 403(b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403(b) plan, please be sure to list all contributions you wish to continue. Any active 403(b) contributions found in our records, but not listed below WILL BE DISCONTINUED. Also, a contribution may be discontinued by listing it below with an amount of zero.

Please withhold funds from my pay for the following 403(b) contributions until further notice:

Plan Type	Service Provider	Account #	Effective Date	Amount Per Pay	OR	Percent Per Pay Period
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____

If you have requested a percentage amount for any of the contributions above, please supply:

Your Annual Salary: _____ Number of Pay Periods Per Year: _____

Please check here if you are NOT a full-time employee

OPTION 2: One-Time Contributions (Elective Contributions Only)

After this contribution, any 403(b) recurring contributions to this service provider should be:

Plan Type	Service Provider	Account #	Effective Date	Amount	
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED

Please check here if you are NOT a full-time employee

OPTION 3: Participation Opt Out

I do not wish to participate at this time. I understand that I may participate in the future simply by filling out a new Salary Reduction Agreement form.

Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6. (a) That OMNI does not choose the annuity contract or custodial account in which your contributions are invested.
(b) OMNI does not endorse any authorized Service Provider, nor is it responsible for any investments.
(c) OMNI makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
(d) (i) OMNI shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
(ii) Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
(iii) The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. That some service providers may take administration fees from your 403(b) account.
10. When provided all required information in a timely manner, OMNI is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
11. To contact OMNI and complete the appropriate OMNI forms for any requests for distributions, loans, hardship withdrawals, account exchanges plan-to-plan transfers or rollover contributions. Processing fees for the foregoing transactions may apply.
12. This SRA is subject to the terms of the Services Agreement between OMNI and Employer, and to the Information Sharing Agreement between OMNI and the Service Providers.
13. This agreement supercedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Part 5: Employee Signature (Mandatory)

I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that I will notify OMNI in the event I begin contributing to another 403(b), 401(k) or 401(a) plan. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me.

Employee Signature: _____

Date: _____

Part 6: Acknowledgement and Representation of Sales Agent/Representative (Not Required to Submit SRA)

I agree to comply with all pertinent written directives regarding the solicitation of Employee. In the event I provide OMNI with an Employee's date of birth ("DOB"), I acknowledge and agree that I must provide accurate information based on documentation provided to me by the Employee. Furthermore, I understand that any DOB information I provide to OMNI is utilized by OMNI to calculate the Employee's Maximum Allowable Contribution limits, which must be accurate to keep the Employer's plan in compliance with IRS regulations. All indemnification or other responsibility for a claim or demand arising from an error in employee DOB I provide will be governed by the Information Sharing Agreement between my employer and OMNI.

Sales Agent/Representative Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

I wish the above named agent to be copied on all e-mail communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction.

Part 7: Employer Acknowledgement (If Applicable)

Salary: _____

of TSA/CA Pay Periods: _____

Effective Payroll Date: _____

Employer Name & Title: _____

Employer Signature: _____

Date: _____

Please return this agreement to Omni Financial Group, Inc., unless otherwise advised by your employer:

Omni Financial Group, Inc.

220 Alexander Street, Suite 400 • Rochester, NY 14607

Toll Free: (877) 544-OMNI • Fax: (585) 672-6194

Please visit our website at www.omni403b.com

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ROLLA PUBLIC SCHOOLS 2023-24 SUBSTITUTE TEACHER APPLICATION

500A Forum Drive
Rolla, Missouri 65401
(573) 458-0100

Name _____
Last First Middle Social Security No.

Address _____
City State Zip Cell Phone (____) _____
Phone (____) _____

E-Mail Address _____

Undergraduate Major Field _____ Minor Field _____

Graduate Major Field _____ Minor Field _____

Do you hold a regular Missouri teaching certificate?
(DOES NOT include substitute teaching certificate) Yes _____ No _____
Expiration Date _____

If Yes, is the subject area of your teaching certificate the same as your degree major? Yes _____ No _____

If No, have you applied for a Missouri teaching certificate?
(DOES NOT include substitute teaching certificate) Yes _____ No _____

Subjects or areas certified or will be certified in Missouri _____

EQUAL OPPORTUNITY EMPLOYER

The Rolla School District #31 does not discriminate in the employment or treatment of employees on the basis of race, color, national origin, sex, age or handicap. Inquiries regarding implementation of this policy should be directed to the Assistant Superintendent of Human Resources and Support Services, Rolla School District, 500A Forum Drive, Rolla, MO 65401, (573) 458-0100.

The facts set forth in my application for employment are true and complete. You are hereby authorized to make an investigation of my personal history and may obtain information as to my character, qualifications, abilities and personal characteristics. Being employed as a substitute teacher for the Rolla Board of Education, I will support the District's educational program and policies.

I acknowledge receipt of the RPS District policies regarding Drug Free Workplace and Sexual Harassment of Employees.

Applicant's Signature _____ Date _____

CONTINUED ON REVERSE

EDUCATION

Name of School/Location _____

High School: _____

Colleges/Universities: _____

Please write appropriate degree on line provided and circle Y or N.

Undergraduate: _____

AA/AS/BA/BS; Completed: Y / N *Semester Hours

AA/AS/BA/BS; Completed: Y / N *Semester Hours

Graduate: _____

MA/MS; Completed: Y / N *Semester Hours

MA/MS; Completed: Y / N *Semester Hours

*Please express college credits in semester hours.

EMPLOYMENT

Employer/City-State

Position

Dates

Reason for Leaving

Employer/City-State	Position	Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Name

Position or Reason Known

Phone Number

Name	Position or Reason Known	Phone Number
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

PERSONAL DATA

In what community activities, organizations or projects have you participated? _____

Youth groups with which you have worked:

Have you ever been convicted of a crime? _____ If yes, describe. _____

Do you have any mental or physical condition(s) which would affect your ability to perform as a substitute teacher? _____

If yes, describe the modification, alternative, or accommodation necessary to permit you to perform the duties of the job.
