



3250 Baxter Rd. • Anchorage, Alaska 99504
 AWEA • P.O. Box 243264 • Anchorage, Alaska 99524
 907-333-9062 • fax: 907-338-9362

SUBSTITUTE APPLICATION

(Please Print or Type)

Your social security number is not required at the time of application. It will be necessary to disclose it upon hiring for federal income tax, state retirement, and internal record keeping purposes.

Date: _____ Social Security #: _____

Name: _____
 (Last) (First) (Middle)

Mailing Address: _____
 (Street/P.O. Box) (Apt. #)

City: _____ State: _____ Zip: _____

() ()
 (Current Phone) (Cell/Message Phone) (EMail)

EDUCATIONAL TRAINING (List all colleges & universities in order of attendance)

DATES: (MO./YR.)	NAME OF SCHOOL	CITY STATE	MAJOR	DEGREE	DATE DEGREE GRANTED
HIGH SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>	
From: ___/___/___ To: ___/___/___					
From: ___/___/___ To: ___/___/___					
From: ___/___/___ To: ___/___/___					
From: ___/___/___ To: ___/___/___					

SUBSTITUTE TEACHING (by school)

DATES: (MO./YR.)	DISTRICT NAME & ADDRESS	DISTRICT CONTACT & PHONE #	DATES: (MO./YR.)	DISTRICT NAME & ADDRESS	DISTRICT CONTACT & PHONE #
From: ___/___ To: ___/___			From: ___/___ To: ___/___		
From: ___/___ To: ___/___			From: ___/___ To: ___/___		

CERTIFICATED CONTRACTED TEACHING (begin with most recent)

DATES: (MO./YR.)	SCHOOL DISTRICT, ADDRESS & NAME OF SCHOOL	SUBJECT/ GRADE(S)	Full or Part-time (FTE)	SUPERVISORS NAME, TITLE & PHONE #	REASON FOR LEAVING
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					
From: ___/___ To: ___/___					

EXPERIENCE OTHER THAN TEACHING

DATES: (MO./YR.)	EMPLOYER & ADDRESS	SUPERVISORS NAME, TITLE & PHONE #	TYPE OF WORK/POSITON	REASON FOR LEAVING
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				
From: ___/___ To: ___/___				

PROFESSIONAL REFERENCES (List principals & supervisors familiar with your experience)

NAME	POSITION	EMPLOYER & ADDRESS	PHONE #
			Work () _____ Home () _____
			Work () _____ Home () _____
			Work () _____ Home () _____

Please see reverse side, sign & date.

Any offer of employment will be subject to the accepted outcome of criminal history records check, favorable information received from previous employers and approval by the Board of Trustees.

I authorize Aurora Waldorf School to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, or agency to provide Aurora Waldorf School with information about me. I hereby release and discharge Aurora Waldorf School and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me.

Applicant Signature _____ **Date** _____

Aurora Waldorf School is an equal opportunity employer. The School does not discriminate on the basis of race, religion, creed, national origin, age, sex, or disability.