

Substitute Teacher Application

Date _____

Name _____
Last First Middle and/or Maiden

Address _____
Street City State Zip

Phone _____ Cell Phone _____

Grade level Preferences _____

Days of week available _____

Do you have a teaching license? _____ License number _____

Do you have a teacher's retirement fund number? _____

If you have a teacher's license and plan to sub 60 or more days in any school corporation, you are required to apply for a teacher's retirement number. When you become a member of the teacher's retirement fund you will have 3% deducted from each paycheck.

WAIVER* I DO NOT PLAN TO SUB MORE THAN 60 DAYS IN ANY SCHOOL CORPORATION AND DO NOT WANT TO JOIN THE INDIANA TEACHER'S RETIREMENT FUND.

Applicant's Signature

High School _____ Do you have a diploma or GED? _____

College _____ Major _____

List at least three references

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give my permission for a check of the records at the local Division of Family and Children.

Applicant's Signature

Date

Superintendent's Signature/Approval

Date

MSD OF SHAKAMAK
INSERT TO EMPLOYMENT APPLICATION

Request for Background Information

Dear Applicant:

Jobs with the MSD of Shakamak involve contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants are expected to provide us with this information; you are not being singled out for closer inspection. This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination from employment (regardless of when the misrepresentation or omission is discovered).

The conviction of a crime or any affirmative answer provided by you on this insert is not an automatic bar to employment. The Metropolitan School District of Shakamak will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
3. Have you ever been arrested for or convicted of a crime that has been expunged by a court? Yes ___ No ___. (DO NOT list arrests that have been sealed.)

Applicants Signature

Date

AUTHORIZATION AND RELEASE

I AUTHORIZE THE Metropolitan School District of Shakamak to check my employment history, including (without limitation) reference checks, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employers or local, state, or federal agencies to provide the "Metropolitan School District any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

In connection with any request for or provision of such information, I expressly waive any claims or causes or action (including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations) that I might otherwise have against the "Metropolitan School District of Shakamak", its officials, employers, trustees, or agents, or against any provider of such information.

PLEASE LIST ALL ALIASES YOU HAVE EVER USED. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.

MAIDEN NAME

OTHER LAST NAME

ANY OTHER ALIAS USED

I have read this AUTHORIZATION AND RELEASE of all claims, and I expressly agree to the terms set out herein.

SIGNATURE

DATE

PLEASE PRINT YOUR NAME

DATE OF BIRTH



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R7 / 6-18) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* PLEASE NOTE: This search will be completed and results returned based on the following information provided by the applicant using the Indiana DCS statewide electronic child protective services index database which may return substantiated results from completed assessments ranging from January 1, 1988, through the completed date of the Department of Child Services CPS history check. IC 31-33-26-15

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION

1. Legal first name of applicant		Legal middle name of applicant (if none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____ <input checked="" type="checkbox"/> Other (insert name of requestor) MSD of Shakamak					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
Brenda Culler			(812) 665-3550		(812) 665-5001
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
9233 Shakamak School Road, Jasonville, IN 47438				bculler@shakamak.k12.in.us	

SECTION B - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.

9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)		12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)			16. Race of applicant	
16. Current residential address of applicant (number and street, city, state, and ZIP code)					17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-		
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).							
County		Year Began	Year Ended	County		Year Began	Year Ended
Example - XYZ County		02/1992	Current	18c.			
18a.				18d.			
18b.				18e.			
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? If yes, complete 19a through 19e. If no, please stop.							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.							
19a. Maiden name (if ever married) (first, middle, and last name)				19b. Other last name(s)			
19c. Nickname or shortened first name				19d. Pre-adoptive name or other alias name / how used			
19e. Other alias name / how used							

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete questions 20 - 26.)

20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?		If yes, was there ever any negative action taken on the foster care application or license?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.			
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the date of the substantiation approval, and the DCS office that conducted the assessment. All inquiries regarding results must be made directly to the DCS office which completed the investigation. Requests are to be made in writing by the subject of the check or the requesting agency (with appropriate releases) to obtain a copy of the investigation. For the local DCS office contact information, visit www.in.gov/dcs/ and click on Contact Us / Local DCS Offices. If the involvement is the "Central Office," e-mail institutions@dcs.in.gov.</small>			
22. Signature of staff member completing check		23. Title of staff member completing check	
25. Printed name of staff member completing check		26. Indiana Department of Child Service office completing check	
		County Local Office	



Indiana State Police
Criminal History Information
 Review Challenge (Full Fingerprint Check)
 317-233-5424

www.IN.gov/ISP

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

PLEASE TYPE OR PRINT ALL INFORMATION.

RECORD CHECK ON:

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

M.I.

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number*

Place of Birth

--	--	--	--	--	--	--	--	--	--

Date of Birth MM/DD/YYYY

M = Male
F = Female

Sex

W = White B = Black
U = Unknown M = Multi Racial
I = American Indian Alaskan
A = Asian / Pacific Islander

Race

REASON FOR SEARCH

License, Licensing (type), etc.

Name <u>(where this response will be sent)</u>
Mailing Address <i>(number and street)</i>
City, State, ZIP Code
ATTENTION:

() _____
 Daytime Telephone Number