

# 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 \_\_\_\_\_  
 Area of Certification \_\_\_\_\_  
 \_\_\_\_\_ Elementary  
 \_\_\_\_\_ Middle School  
 \_\_\_\_\_ High School

Previous BPS Experience

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

References/Experiences

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

Name	Street, City, State and Zip	Phone	Relationship