SULPHUR SPRINGS INDEPENDENT SCHOOL DISTRICT

Substitute Teacher Application / Checklist

NOTE. All Subs	titule leacher applicants are required to	attenu a manuatory Substitute reacher Orientation
NAME:		
ADDRESS:		
CITY:		STATE ZIP
PHONE:	Home	_Cell
E-mail:		
coordinator	ation listed below must be turne TAWLENE LAMPP before you oute teacher.	ed in to the substitute teacher r name can be submitted to the Board
1. Copy	of original Texas Teacher Certific	cate (if applicable).
2. Officia	al copy of one of the following:	 GED Certificate High School transcript College transcript
3. Socia	I Security Number:	
0 1 1 0	1.00	
Grades to S		
Days Availal	ole:	
Degree:		
Major:		
Minor:		
Teacher Cer	tification: Yes No Area	a(s):
Are you curr	ently a Student Teacher? Yes	No Completion Date:
College(s) A	ttended:	
,		
	Office Us	e Only
	Substitute Teacher Orientation ntation: Yes No Date of Orie	

SULPHUR SPRINS INDEPENDENT SCHOOL DISTRICT

CONFIDENTIAL

The Sulphur Springs Independent School District is required by state law to obtain criminal history record information on all applicants for employment with the district (Texas Education Code Section 22.083).

I understand the information set forth below will be used by the district <u>solely</u> for the purpose of obtaining criminal history record information and will not be used in any manner related to determining eligibility for employment with the district.

PRINT NAME AS IT APPEARS ON YOUR DRIVERS' LICENSES

Full Name		
Last	First	Middle
Social Security No	Date of Birth	
Driver's License #	State	····
Sex: Male	Female	
Ethnicity: African American	Hispanic White	Other
Home Address:Street		
Street	City	Zip
Telephone Number: Home	Cell	
Email Address:		····
Signature	_	
Date		

Return applications to Tawlene Lampp <u>tlampp@ssisd.net</u> or 631 Connally Street, Sulphur Springs, Texas 75482

	OFFICE USE ONLY
SID#	