



GLENDALE UNION HIGH SCHOOL DISTRICT

7650 N. 43rd Ave., Glendale, AZ 85301
Tel: (623) 435-6000 Fax: (623) 435-6078 www.guhsdaz.org

SUBSTITUTE TEACHER APPLICATION

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

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

Address: _____
(Street) (City/State) (ZIP)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____
(Name) (Phone)

Have you ever been **CONVICTED** (include pleas of “no contest”) of any violation of the law other than minor traffic offenses? ___ YES ___ NO (If your answer is yes, please provide details on a separate sheet.)

Do you have any physical defects preventing you from fulfilling the job for which you are applying, with or without reasonable accommodation? ___ YES ___ NO

PREPARATION FOR TEACHING

Are you currently a coach in the Glendale Union High School District? ___ YES ___ NO

If yes, what school/sport? _____

Are you currently receiving Arizona State Retirement? ___ YES ___ NO

If yes, did you retire from Glendale Union High School District? ___ YES ___ NO

Teaching Certificate(s): _____
(Certificate Type) (Expiration Date)

College Major: _____ Minor: _____

Degree/Date Awarded: _____ Institution: _____

Please circle the subjects you would feel comfortable teaching for a typical short-term assignment (1-2 days). In addition, please place an asterisk next to the subjects you feel especially qualified to teach.

- | | | | |
|---------------|------------------|------------------|-------------------------|
| ENGLISH | READING | JOURNALISM | COMMUNICATION ARTS |
| THEATRE | MEDIA PRODUCTION | ELL | FRENCH |
| GERMAN | JAPANESE | SPANISH | ALGEBRA |
| CALCULUS | GEOMETRY | THINKING SCIENCE | BIOLOGY |
| CHEMISTRY | PHYSICS | GOVERNMENT | HISTORY |
| SOCIOLOGY | PSYCHOLOGY | BUSINESS | ACCOUNTING |
| COMPUTER APPS | KEYBOARDING | MARKETING | ART/3-D DESIGN |
| PHOTOGRAPHY | LIBRARY | CULINARY | FAMILY/CONSUMER SCIENCE |
| NJROTC | INTRO TECH | DRAFTING | WOODS |
| BAND | CHOIR | PIANO/GUITAR | BOYS P.E. |
| GIRLS P.E. | DANCE | HEALTH | SPECIAL ED. |

Are you willing to substitute teach in any subject area, if needed? YES NO

Are you currently a substitute for any other districts? If yes, please list below.

TEACHING EXPERIENCE
(OR OTHER EXPERIENCE WORKING WITH YOUNG PEOPLE)

DATES	SCHOOL (CITY, STATE)	SUBJECT(S)	GRADE

PROFESSIONAL REFERENCES

NAME	BUSINESS / CITY, STATE	PHONE NUMBER

SCHOOLS & AVAILABILITY

Please check the schools where you would be willing to substitute teach.

- | | | |
|--------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Any School | <input type="checkbox"/> Apollo | <input type="checkbox"/> Cortez |
| <input type="checkbox"/> Glendale | <input type="checkbox"/> Greenway | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Moon Valley | <input type="checkbox"/> Sunnyslope | <input type="checkbox"/> Thunderbird |
| <input type="checkbox"/> Washington | <input type="checkbox"/> Northern Annex | <input type="checkbox"/> Metrocenter Academy |

Please check the days you are able to teach.

- Any Day Mondays Tuesdays Wednesdays Thursdays Fridays

Signature: _____ Date: _____

NOTE: This application is not a guarantee of employment or continuing employment.

FOR OFFICE USE ONLY

- | | | | |
|--------------------------------------|----------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Application | <input type="checkbox"/> Military Compliance | <input type="checkbox"/> I-9 Form/ID | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Affidavit | <input type="checkbox"/> Measles | <input type="checkbox"/> W-4 Form | <input type="checkbox"/> References |