

SUBSTITUTE TEACHER APPLICATION

DELANO PUBLIC SCHOOLS

Date: _____

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Days of week you are not available: _____

Areas of certification as listed on your license*: _____

**Note: You must have a current Minnesota teaching certificate on file with the State Department of Education.*

Certificate expiration date: _____ File folder number: _____

Teacher's retirement number: _____

Are you retired and currently receiving Teachers Retirement Funds: _____ Yes _____ No

Will you teach in areas other than your certification: _____ Yes _____ No

Are there areas in which you prefer not to teach? (please list) _____

Are you available for long-term substitute teaching? _____ Yes _____ No

Contact person in case of emergency:

Name: _____

Address: _____

Telephone: _____

*****We require a copy of your teaching certificate on file. Please submit a copy with this application.**

Return this application, a completed background check authorization form and a check made payable to Delano Public Schools for \$18.00 to:

Delano Public Schools
Attn: Human Resources
700 Elm Avenue East
Delano, MN 55328

Once the district has reviewed and accepted the results of your background check, you will then be placed on our substitute teacher list. Being placed on our substitute list does not guarantee that you will be contacted to work for our district, but it does mean that you are eligible.