

**BURRTON U.S.D. NO. 369**  
**Substitute Teacher Application**

Return this application to:  
Burrton U.S.D. No. 369  
PO Box 369  
Burrton, KS 67020

**Personal Data**

Email: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone \_\_\_\_\_

Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Levels: \_\_\_\_\_ Subject Areas: \_\_\_\_\_

Days available to substitute: \_\_\_\_\_

**Certificate**

Do you have a current Kansas Teaching Certificate? \_\_\_\_\_

If not, list date of application for a Kansas certificate: \_\_\_\_\_

Certificate expiration date: \_\_\_\_\_

**References**

List two references who have evaluated or observed your teaching experience. Current address and telephone numbers are essential to this application.

Name \_\_\_\_\_ Position \_\_\_\_\_

Address & Phone \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address & Phone \_\_\_\_\_

Have you ever had a teaching certificate revoked or suspended? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

I hereby affirm that my answers to the foregoing questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information, intentional omissions, or misrepresentations submitted on this application are causes for dismissal.

I authorize Unified School District No. 369 to obtain information related to this application from former employers, school personnel, references, and any others with whom it desires and agree to hold such persons harmless with respect to any information they may give. If employed, I will comply with the rules and regulations set forth and communicated to all employees by the Board of Education.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Authorization and Release**

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony or a crime involving dishonesty, or a crime with a juvenile as a victim?

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so.

Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal or hire, or, if I am hired and the same is discovered thereafter, termination.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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Please complete the above Authorization and Release form and return it along with other application documents to:

USD 369 Burrton Central Office PO Box 369 105 E Lincoln St. Burrton, KS 67020
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**Burrton Employee Emergency Information**

Employee Name \_\_\_\_\_

First Person to Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Place of Employment \_\_\_\_\_

Second Person to Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Place of Employment \_\_\_\_\_

Your Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

If you wish us to have any other information, please list it below.

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## **Additional Information**

Please return with application:

- Copy of Driver's License
- Copy of Social Security Card
- Copy of Kansas Teaching or Substitute License
- Current Federal W-4 Form (Completed)
- Current Kansas K-4 Form (Completed)
- Current Federal I-9 Form Pages 1-3 (Section 1 Completed)