



Corpus Christi Montessori School

A Free Public Charter

822 Ayers Street
 Corpus Christi, Texas 78404
 (361) 852-0707
 www.cc-montessori.com

SUBSTITUTE TEACHER APPLICATION

The detailed information sought here will be carefully evaluated in considering a candidate. The accuracy and completeness of the form is absolutely essential. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans status, or the presence of a handicap or disability. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disability Act of 1990 prohibits discrimination against a qualified individual with a disability. Any inquiry regarding gender is made in good faith for a nondiscriminatory purpose and does not express directly or indirectly an limitation, specification, or discrimination as to gender. Corpus Christi Montessori School is an Equal Opportunity Employer.

PERSONAL DATA: (Please type or print.)

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Zip _____

SSN: _____ DOB _____ Phone: _____

Work hours: 8:00 am – 4:00 pm – Full Day; 8:00 am – 12:00 or 12:00 pm – 4:00 pm – Half Day
Rate of pay: Less than 60 college hours: \$80.00 per day or \$10.00 per hour for half days.
 60 college hours: \$100.00 per day or \$12.50 per hour for half days.
 College degree: \$120.00 per day or \$15.00 per hour for half days.

1. EDUCATIONAL BACKGROUND:

			Yes / No	Yes / No
High School	City/State	Dates Attended	Diploma	G.E.D.
_____	_____	_____	_____	_____
College/University	City/State	Dates Attended	Degree Received	
_____	_____	_____	_____	
College/University	City/State	Dates Attended	Degree Received	
_____	_____	_____	_____	

Do you hold a valid teaching certificate? yes no

What state(s)? _____ What subject areas? _____

If you hold a valid teaching certificate, are you available for a full-time teaching position? yes no

2. TEACHING EXPERIENCE:

Year	School District	Level Taught	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. RELATED WORK EXPERIENCE: (List only positions directly related to your major field and/or teaching experience.)

Employer	City/Status	Position Held	From/To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. YOUTH RELATED EXPERIENCE: (Please list experiences with your, supervising/teaching in organized activities such as drill team, cheerleader sponsor, 4-H, recreation programs, etc.)

Organization	From/To	Position Held/Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you available to substitute in all grade levels? Yes No

Please indicate position(s) available to substitute Teacher Instructional Aide Office

Please indicate the days of the week you are available for substituting. (Please circle.)

All days Monday Tuesday Wednesday Thursday Friday

Please indicate any restrictions that may apply to your availability.

Are you a retired member of the Texas Retirement System (TRS) receiving a check each month? yes no

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR OMISSION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION, OR DISCHARGE IF I HAVE BEEN EMPLOYED. Furthermore it is understood that this application becomes the property of the Corpus Christi Montessori School which reserves the right to accept or reject it.

I understand that the CCMC will obtain my criminal history, if any, from a law enforcement agency pursuant to Section 21.917 of the Texas Education Code.

Furthermore it is the position of Corpus Christi Montessori School that substitute teaching is a temporary position to be utilized as needed by the school. Employment as a substitute teacher shall in no way be interpreted as being permanent and can be discontinued at any time by the school. The school shall not be liable for unemployment benefits.

Applicant's Signature _____

NOTE: Incomplete or unsigned applications will not be considered. The application will remain on file for this school year only. It must be updated in writing if further consideration is desired.

DPS Computerized Criminal History (CCH) Verification

Corpus Christi Montessori School

I, _____, acknowledge that a Computerized Criminal
(APPLICANT or EMPLOYEE NAME) (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for Corpus Christi Montessori School to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to Corpus Christi Montessori School listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file with Corpus Christi Montessori School. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

CORPUS CHRISTI MONTESSORI SCHOOL
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES ____	NO ____ ____ initial
Purpose of CCH: _____	
Empl ____	Vol/Contractor ____ ____ initial
Date Printed: _____	____ initial
Destroyed Date: _____	____ initial
Retain in your files	