

**Spring Hill, Kansas  
Unified School District #230**



101 E. South Street  
Spring Hill, Kansas 66083  
Phone: 913-592-7200  
Fax: 913-592-7270

For Office Use Only	
	DATE
Application Received	___/___/___
Interview Scheduled	___/___/___
By: (Signature)	

**SUBSTITUTE TEACHER  
APPLICATION**

Please furnish all information requested on this application;  
**do not** refer to other sources.

Date of filing application: \_\_\_/\_\_\_/\_\_\_

Date When Available: \_\_\_/\_\_\_/\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Present Address:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Permanent Address:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Grade Level Preference	List Subject Teaching Preference
<input type="checkbox"/> Kindergarten	
<input type="checkbox"/> Elementary (Grades 1-5)	
<input type="checkbox"/> Middle (Grades 6-8)	
<input type="checkbox"/> High (Grades 9-12)	

**AN EQUAL OPPORTUNITY EMPLOYER**

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability. Specific complaints of alleged discrimination should be referred to the USD No. 230 Compliance Officer, 101 East South Street, Spring Hill, Kansas 66083; telephone number 913-592-7200.

**PERSONAL DATA**

Present Position \_\_\_\_\_ How Long? \_\_\_\_\_

Present Yearly Salary \_\_\_\_\_ for \_\_\_\_\_ Months

**KANSAS CERTIFICATION INFORMATION**

Do you hold a valid Kansas Teaching Certificate?  Yes  No If yes, provide the following information.

Certification Area	Grade Levels	Expiration Date

**EDUCATIONAL AND PROFESSIONAL TRAINING**

<i>Please attach a copy of college transcripts</i>	Name of Institution	Degree	Graduate Hours	Date Received		Date of Attendance
				Mo.	Year	Year - Year
High School				/		-
College/Univ.				/		-
College/Univ.				/		-
College/Univ.				/		-
College/Univ.				/		-
College Major:				No. of hours in major:		
College Minor:				No. of hours in minor:		

**STUDENT TEACHING**

Name of District School, City and State	Grades or Subjects Taught	Inclusive Dates Year - Year
		-
		-

**PROFESSIONAL EXPERIENCE**

Starting with the most recent year, list years of teaching or administrative experience, including partial years. **DO NOT** list para-professional positions, substitute teaching, or graduate teaching assistantships.

Years	School, Complete Address	Assignment (Subject Grade Level, Admin. Etc.)
-		
-		
-		
-		
-		
-		

**EXPERIENCE OTHER THAN TEACHING OR ADMINISTRATION \* (\* Note, please account for all time.)**

Name of Firm and Location	Type of Work	Inclusive Dates Year - Year
		-
		-
		-
		-
		-

**NAME, ADDRESS, WORK AND HOME TELEPHONE NUMBERS OF PRESENT PRINCIPAL OR IMMEDIATE SUPERVISOR**

	WORK (     ) -	HOME (     ) -

## REFERENCES

List individuals who are QUALIFIED to pass judgment on your qualifications for the substitute position you seek.

Name & Title	Address – Include Zip Code	Home & Work Telephone Numbers + Area Codes	Dates Acquainted With Your Work
		WORK (    ) -	/
		HOME (    ) -	
		WORK (    ) -	/
		HOME (    ) -	
		WORK (    ) -	/
		HOME (    ) -	
		WORK (    ) -	/
		HOME (    ) -	
		WORK (    ) -	/
		HOME (    ) -	

Other than minor traffic offense for speeding, parking violations, etc., have you ever been convicted of any criminal offense?

Yes     No    If yes, please explain \_\_\_\_\_

**Conviction of a crime in not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.**

Why do you desire to leave your present position, or why did you leave your last position? (Questions do not apply to those graduating this year.) \_\_\_\_\_

Have you ever been involuntarily terminated from employment?     Yes     No

If yes, please give the name of the employer, the date and the reason for the termination. \_\_\_\_\_

Are you aware of any reason you would not be able to perform the duties of the position for which you are making an application?

Yes     No    If yes, please explain \_\_\_\_\_

## AGREEMENT

1. 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 to hire or, if I am hired and the same is discovered thereafter, termination.
2. 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.
3. 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.
4. 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. I understand that if I am offered provisional employment in the school district that my fingerprints may be taken and a request made for a state and national criminal background check. I further understand that if the results of this criminal history check reveal that I have been convicted of any offense or any attempt to commit any offense specified in K.S.A. 1999 Supp. 72-1397 and amendments thereto that my employment may be terminated.
5. I understand that this application and records become the property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District.

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



# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## **For additional information:**

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor Employment Standards Administration Wage and Hour Division

## **Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

## **Military Family Leave Entitlements**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

## **Benefits and Protections**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## **Eligibility Requirements**

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.

Leave due to qualifying exigencies may also be taken on an intermittent basis.

## **Substitution of Paid Leave for Unpaid Leave**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## **Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need

for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State Law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice.**

**Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

WHD Publication 1420

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