

USD #325 Phillipsburg SUBSTITUTE INFORMATION

Please fill out the information below:

NAME _____

ADDRESS _____

TELEPHONE _____

I am interested in substituting at (check all that apply):

_____ High School _____ Elementary

_____ Middle School _____ Special Education

I will NOT be available for work on (list any days of the week that you would not be available):

=====

REFERENCES: (Please include three)

<u>Name, Address</u>	<u>Phone Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

Latest Employment information:

<u>Dates employed</u>	<u>Position</u>	<u>Employer</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

RETURN THE COMPLETED FORM TO:

**USD #325 BOARD OF EDUCATION OFFICE
240 SOUTH 7TH STREET
PHILLIPSBURG, KANSAS
FAX: 785-543-2271
Or email to athompson@usd325.com**