



Substitute Teacher Application Form
Dike-New Hartford Community Schools
P.O. Box D
Dike, Iowa 50624



(Please provide the school with a photo copy of your teaching certificate and child/dependent adult abuse training certificate.)

Application Date: _____

Name: _____

Social Security #: _____

Current Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

e-mail Address: _____

Title/Class of Iowa License Held: _____ Certified to Teach: _____

Folder No. _____ Issue Date _____ Expiration Date _____

Application for Areas of Interest: Elementary (please indicate grades) _____

Junior High _____ High School _____
 (Indicate Subject Areas Approved by DOE) (Indicate Subject Areas Approved by DOE)

Schools Attended:

High School: _____

Colleges/Universities: _____

Teaching Experience: List the two most recent job experiences with the most recent first.

Place	Assignment	Dates
1.		
2.		

I am interested only in "on call substitution" work, not regular full or part-time employment.

 Date

 Signature

The above application has been reviewed and has been (accepted, rejected) for placement on the Dike-New Hartford Community School District substitution list.

 Date

 Signature of Superintendent or Designee

Dike-New Hartford Community School District does not discriminate on the basis of race, color, national origin, gender,

disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity, or socioeconomic status (for programs) in its educational programs and its employment practices. Inquiries concerning the application of this statement should be addressed to: Superintendent of Schools, Dike-New Hartford Community School, P.O. Box D, Dike, IA 50624.