

MOUND CITY R-2 SCHOOL DISTRICT

MR. KEN EATON, Superintendent

MR. KOREY MILES
HS Principal
(660) 442- 5429
Fax (660) 442 -3154

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MOUND CITY, MO 64470
(660) 442- 3737
Fax (660) 442- 5941

MRS. CAROLYN HALL
Elementary/MS Principal
(660) 442- 5420
Fax (660) 442- 5282

SUBSTITUTE TEACHING APPLICATION

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Social Security No. _____ Date of Birth _____

U.S. Citizen: _____ Yes _____ No

Undergraduate Hours or Degree _____

Do you have a Substitute Teaching Certificate or have you applied for one this year?
_____ Yes _____ No

Have you had a fingerprint background check done this school year? _____ Yes _____ No

If yes to the above questions, through what school district?

Do you have a preference to Substitute for Middle/ High School or Elementary or are you willing to substitute for both areas? _____

What days of the week are you available? (Monday-Friday) _____

(The State requires a background check be completed before a Substitute Certificate will be issued.)