



BUSINESS OFFICE
7280 Frenchman's Bay #16-1
St. Thomas, VI 00802
340-776-1600 X1902
FAX: 340-776-1019

Substitute Teacher Application

Antilles School is an Equal Opportunity Employer. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, gender, sexual orientation, marital status, national origin, age, physical or mental disability.

Date of Application _____

GENERAL INFORMATION:

Date available to begin work _____

Name: _____

Mailing Address: _____

Telephone: _____ Email Address: _____

Social Security Number: _____

Are you legally entitled to work in the U.S.? Yes No

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

Have you been convicted of any felonies other than minor traffic violations? Yes No

If yes, explain: _____

EDUCATIONAL BACKGROUND:

Please check your highest degree level held. Associates Bachelors Masters Doctorate
College/University: _____
Major/Course of Study: _____

Are you currently in the process of completing a degree program? Yes No
College/University: _____
Major/Course of Study: _____
Expected Date of Graduation: _____

Have you graduated High School? Yes No Name of High School: _____ State/Country: _____

List any scholarships, academic honors, awards or special achievements: _____

SKILLS:

Do you have any teaching experience? If so, please provide details: _____

Please continue on the back.

Please list any skills you have that are appropriate for this position:

EMPLOYMENT HISTORY:

Starting with your present or most recent employer, list your last two employers.

Name of Company _____ Phone Number _____
City _____ State _____ Zip _____
Dates of Employment _____
Name and Title of Supervisor _____
Email of Supervisor _____ Phone Number of Supervisor _____
Reason for Leaving _____
List jobs held, duties performed, skills used, & promotions while employed at this company _____

Name of Company _____ Phone Number _____
City _____ State _____ Zip _____
Dates of Employment _____
Name and Title of Supervisor _____
Email of Supervisor _____ Phone Number of Supervisor _____
Reason for Leaving _____
List jobs held, duties performed, skills used, & promotions while employed at this company _____

REFERENCES:

Please provide three professional/personal references.

1. Name _____ Phone Number _____
How do you know this reference? _____
2. Name _____ Phone Number _____
How do you know this reference? _____
3. Name _____ Phone Number _____
How do you know this reference? _____

I certify that the information contained in this application is correct to the best of my knowledge, and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: _____ Date: _____