

TERRY MAYFIELD  
Superintendent  
(816) 657-4715

DENNIS BOLTON  
Junior High/High School Principal  
(816) 619-2287

LAURIE JACKLOVICH  
Elementary Principal  
(816) 619-2468



SAM ORAM  
Athletic Director

JON STACKHOUSE  
Counselor

CHEYENNE PECKMAN  
Special Ed Director  
Programs Director

KARA SMITH  
Secretary, Board of Education

**DREXEL R-IV SCHOOL**  
Home of the Bobcats

**APPLICATION FOR SUBSTITUTE TEACHING**

Please complete the following information and return this form along with a copy of your transcript(s) and teaching certificate to the superintendent's office.

**Personal Information** Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

**Certificate Information**

Do you have a valid Missouri State Teaching Certificate in force: YES NO

If yes, Type \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

Subject(s) / Grade(s) \_\_\_\_\_

College Major \_\_\_\_\_ Minor \_\_\_\_\_

Do you have a Missouri State Substitute Certificate: YES NO

If yes, with what Missouri School District \_\_\_\_\_

**Professional Preparation:**

College / University	City & State	From - To	Degree	Semester Hours

207 S Fourth St PO Box 860 Drexel MO 64742

Phone: 816-657-4715 FAX: 816-657-4798 www.drexel.k12.mo.us

**Teaching Experience of Recent Work Experience:**

Name of School / Firm	Location	Subjects / Grades taught or work performed	Dates From - To	# of years

**References:** If an experienced teacher, include superintendents, principals and supervisors with whom you have taught. If a beginning teacher, list those individuals who could best describe your experiences in education. List most recent first. **NOTE:** You must fill out three references for your application to be complete.

NAME	PHONE NUMBER	TITLE / OCCUPATION

**Interest / Special Areas:** What special areas do you feel like you can teach or activities that you can successfully direct? Please circle all of the appropriate areas.

ART    BAND    BUSINESS CLASSES    COMPUTER CLASSES    FOREIGN LANGUAGE    PE  
 SPECIAL ED CLASSES    VOCAL MUSIC    HOME EC

List any other area: \_\_\_\_\_

Grade level you prefer to teach:    ELEM                  JH                  HS                  ALL

Days available to teach:    MON                  TUES                  WED                  THURS                  FRI

Have you ever been convicted for any violation of the law other than a minor traffic violation?    Y                  N

If yes, please explain in detail on the back of this paper.

I certify that the information and statement provided in this application are true to the best of my knowledge. I understand that any misrepresentation will be cause for my discharge from employment. In submitting this application I authorize Drexel R-IV School District to contact all listed references, to make all contacts appropriate to my past vocational and educational history and to maintain all such information in a confidential file available only to the Drexel R-IV School District as a perspective employer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If any accommodations are needed to complete this application, please contact the superintendent's office at 816-657-4715.

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