



PVA
PRAIRIE VIEW ACADEMY
 9942 Edwin Street • Bastrop, LA 71220
 318.281.7044 • Fax 318.281.4113



Perry Kelly, Principal

318-281-7044
 FAX: 318-281-4113

APPLICATION FOR SUBSTITUTE TEACHER

Name: _____ D.O.B: _____
 Last First Middle

Address: _____

Telephone(s): Home: _____ Cell: _____

Email address: _____ Social Security Number: _____

EDUCATION: (Application must provide documentation. Ex.: High school diploma, teaching certificate, GED.)

High School Attended: _____ Date Graduated: _____

Circle One: High School Diploma or GED College Attended: _____

Was degree earned? _____ Please Circle: Bachelors Associates Masters

Number of Years Attended: _____ Major: _____ Minor: _____

TEACHING EXPERIENCE: (WHEN & WHERE?)

Are you retired from teaching? Yes No If Yes: How many years of experience? _____

TEACHING AVAILIBILITY: (Please list times & days you are available below.)

M: _____ T: _____ W: _____ TH: _____ F: _____

RELATIVES: (Do you have a child or relative enrolled at this school? If so, please list name and grade.)

CLASS PREFERENCE: Please circle: Elementary High School Both

REFERENCES: (List Name, Address, and Telephone Number)

Are you legally entitled to work in the United States? _____ Have you ever been convicted of a felony? _____

If yes, state felony, date & place of conviction: _____

Prairie View Academy is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability in employment or the provision of services.

I hereby certify that the information presented in the application is true, accurate, and complete. I understand that any falsification of this record will be sufficient cause for disqualification and will constitute release to the employer for liability.

Signature of Applicant: _____ Date: _____