

DATE OF APPLICATION

DATE OF AVAILABILITY

**TIPTON ROSEMARK ACADEMY
SUBSTITUTE APPLICATION**

Return this application to Head of Schools; Tipton Rosemark Academy; 8696 Rosemark Road; Millington, TN 38053.

Name of Applicant _____
(Mr. Mrs. Ms. Dr.) First Name Middle Name Last Name

Present Address _____

Telephone Number _____ Cell Number _____

Email Address _____ Driver's License Number _____

Educational Information:

	Name of School	City and State	Years Attended	Date of Graduation
Elementary				
Secondary				
College				
Graduate				

Grade Level Preference: Please mark 1st, 2nd, 3rd.

_____ Grades K - 3
_____ Grades 3 - 5

_____ Grades 6 - 8
_____ Grades 9 - 12

Personal Reference

Name	Complete Address	Telephone Number	Relationship

Please indicate the days you will be available to substitute: ___M___Tu___W___Th___F

Employment History

Employer	City, State	Reasons for Leaving	Period of Service From / To

Have you ever failed to be reemployed? Yes No

If so, where? _____ State the the reasons _____

Are you legally eligible to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

If yes, explain why _____

Do you currently abuse alcohol or drugs? Yes No

I attest that all information and answers to the above questions are complete, true, and correct to the best of my knowledge. I authorize the school to conduct a background check and any other investigation it deems appropriate. I authorize any employers, educators, and personal references stated on this application to make any and all information available to the school in reference to this application. I further authorize all law enforcement agencies to release the record of all convictions, if any.

Applicant's Signature