

**SUBSTITUTE TEACHER
HANSON SCHOOL DISTRICT 30-1
PO BOX 490, ALEXANDRIA, SOUTH DAKOTA 57311**

A person desiring to submit their name for substitute teaching in the Hanson School District shall fill in this form.

1. Name _____ Date: _____
(Last) (First) (M)

2. Present Address: _____ Phone: _____

3. Social Security Number: _____.

4. Do you have a current teaching certificate? _____

5. Have you ever had a teaching certificate _____

6. Are you willing to substitute in all areas? _____. Preference _____

7. What qualities and abilities do you have which qualify you for a substitute teacher?

8. Please describe any experiences which you feel would contribute to your abilities for substitute teaching.

9. Please list three references – Name, City, State, and Phone number:

1. _____

2. _____

3. _____

Office use only – Required Information:
Forms Returned:
1) _____ Background Check
2) _____ I-9 – Employment Eligibility Verification
3) _____ W-4 – Payroll Information
4) _____ Payroll – Electronic Direct Deposit

HANSON SCHOOL DISTRICT 30-1

Substitute

Required Information --***-- (Please contact the business office if these forms are needed or note that they are being sent.)

*** Background Check – fingerprints (possible charge) can be taken at Hanson County Courthouse, at the Sheriff’s office or the Mitchell Police Dept. You must send \$43.25 along with the forms.

** Will accept a copy – if you have one on file at another school – Should be within current school year (July 1- June 30)

** It is your responsibility to send the release authorization – please make note if request has been sent.

STOP AT THE BUSINESS OFFICE TO COMPLETE THESE FORM S

(3) I-9 Form – Employment Eligibility Verification
(Please bring two original forms of identification that can be copied)

(4) W-4 Form – Payroll information

(5) Payroll - Electronic Direct Deposit

(feel free to call if you have questions)
Hanson School District 30-1
239-4387 -- Jodi Hruby, Bs.Mgr.