

**Corpus Christi Montessori School**  
**A Dual-Language Public Charter**  
**822 Ayers St.**  
**Corpus Christi, TX 78404**  
**PH: 361-852-0707**  
**FX: 361-653-2340**

Date: \_\_\_\_\_

**SUBSTITUTE TEACHER APPLICATION**

The detailed information sought here will be carefully evaluated in considering a candidate. The accuracy and completeness of the form is absolutely essential. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans status, or the presence of a handicap or disability. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disability Act of 1990 prohibits discrimination against a qualified individual with a disability. Any inquiry regarding gender is made in good faith for a nondiscriminatory purpose and does not express directly or indirectly an limitation, specification, or discrimination as to gender. Corpus Christi Montessori School is an Equal Opportunity Employer.

**PERSONAL DATA:** (Please type or print.)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Phone: \_\_\_\_\_

<b>1. EDUCATIONAL BACKGROUND:</b> (NOTE: Substitute rate is \$75 Certified / \$70 Non-Certified.)					
High School	City/State	Dates Attended	Yes / No Diploma	Yes / No G.E.D.	
College/University	City/State	Dates Attended	Degree Received		
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Do you hold a valid teaching certificate?    \_\_\_ yes    \_\_\_ no

What state(s)? \_\_\_\_\_ What subject areas? \_\_\_\_\_

If you hold a valid teaching certificate, are you available for a full-time teaching position?    \_\_\_ yes    \_\_\_ no

<b>2. TEACHING EXPERIENCE:</b>			
Year	School District	Level Taught	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. RELATED WORK EXPERIENCE:** (List only positions directly related to your major field and/or teaching experience.)

Employer	City/Status	Position Held	From/To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. YOUTH RELATED EXPERIENCE:** (Please list experiences with your, supervising/teaching in organized activities such as drill team, cheerleader sponsor, 4-H, recreation programs, etc.)

Organization	From/To	Position Held/Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you available to substitute in all grade levels?     Yes     No

Please indicate position(s) available to substitute    Teacher \_\_\_\_\_    Instructional Aide \_\_\_\_\_    Office \_\_\_\_\_

Please indicate the days of the week you are available for substituting. (Please circle.)

All days    Monday    Tuesday    Wednesday    Thursday    Friday

Please indicate any restrictions that may apply to your availability.

\_\_\_\_\_

\_\_\_\_\_

Are you a retired member of the Texas Retirement System (TRS) receiving a check each month?     yes     no

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR OMISSION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION, OR DISCHARGE IF I HAVE BEEN EMPLOYED. Furthermore it is understood that this application becomes the property of the Corpus Christi Montessori School which reserves the right to accept or reject it.

I understand that the CCMC will obtain my criminal history, if any, from a law enforcement agency pursuant to Section 21.917 of the Texas Education Code.

Furthermore it is the position of Corpus Christi Montessori School that substitute teaching is a temporary position to be utilized as needed by the school. Employment as a substitute teacher shall in no way be interpreted as being permanent and can be discontinued at any time by the school. The school shall not be liable for unemployment benefits.

Applicant's Signature \_\_\_\_\_

NOTE: Incomplete or unsigned applications will not be considered. The application will remain on file for this school year only. It must be updated in writing if further consideration is desired.

**DPS Computerized Criminal History (CCH) Verification**  
**Corpus Christi Montessori School**

I, (Printed Name) \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for CCMS to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name based criminal history checks are not always exact. I understand that only fingerprint record searches represent true identification to criminal history. If the name search provides a criminal report that I know could not be mine, then I understand I can submit to have a fingerprint search performed to clear any misidentification based on the name search.

I understand that I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from Corpus Christi Montessori School, to make an online appointment, submit a full and complete set of my fingerprints, and pay a fee (if applicable) to the fingerprinting services company. I may request help with making the appointment from Corpus Christi Montessori School.

Once this process is completed and CCMS has received the data from DPS, the information on my fingerprint criminal history record may be discussed with me. CCMS is not allowed to discuss any information obtained from the background check process with anyone other than the said individual.

This copy must remain on file with Corpus Christi Montessori School.  
Required for future DPS Audits.

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCMS Representative Name

\_\_\_\_\_  
CCMS Representative Signature

\_\_\_\_\_  
Date

<b>Please Check and Initial each Applicable Space</b>		
CCH report printed:		
Yes _____	No _____	Initial _____
Purpose of CCH _____		
Empl _____	Vol/Contractor _____	Initial _____
Date Printed _____		Initial _____
Date Destroyed _____		Initial _____