

CENTRAL SUSQUEHANNA REGIONAL GUEST TEACHER TRAINING PROGRAM

P.O. Box 213 • Lewisburg, Pennsylvania 17837 • 570-523-1155 • FAX 570-523-1370 • www.csiu.org
1-800-654-5984 TDD/For Applicants with Hearing Impairment

APPLICATION FOR EMPLOYMENT AS A GUEST TEACHER

PLEASE PRINT OR TYPE

This application will not be considered unless all areas are completed.

OFFICE USE ONLY

Date Received

■ PERSONAL DATA

Name in full _____
First Name Middle Initial Last Name

Current Address _____
Street City / Township State Zip

County Telephone Number

Permanent Address _____
Street City / Township State Zip

■ EMPLOYMENT EXPERIENCE – This section must be completed in full even if you have submitted a resume.

Please list most recent employment first; include current employment, student teaching, and armed forces service.

• Employer _____ Employed from _____ to _____

Address _____
Street City State Zip Telephone Number

Supervisor _____ Last Annual Salary or Hourly Wage _____

Reason for Leaving _____

Position Title _____

Describe Duties / Responsibilities _____

• Employer _____ Employed from _____ to _____

Address _____
Street City State Zip Telephone Number

Supervisor _____ Last Annual Salary or Hourly Wage _____

Reason for Leaving _____

Position Title _____

Describe Duties / Responsibilities _____

EMPLOYMENT EXPERIENCE (Continued)

• Employer _____ Employed from _____ to _____

Address _____
Street City State Zip Telephone Number

Supervisor _____ Last Annual Salary or Hourly Wage _____

Reason for Leaving _____

Position Title _____

Describe Duties / Responsibilities _____

PLEASE NOTE: If more space is required, attach a separate sheet of paper, following the same format.

Please describe your reasons for wanting to work as a substitute teacher: _____

List your competencies or skills that are relevant to the position for which you are applying: _____

■ EDUCATION AND TRAINING

High School Diploma Received? [] Yes [] No

Last high school attended _____ Location _____
City State

Colleges, Universities, Post-secondary Schools

College/University Name	Location (City/State)	Major	Minor/ Other Area of Study	Degree Received
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Please enclose an official, sealed copy of your college transcript conferring the completion of your Bachelor's degree.

■ CERTIFICATION

Have you ever held teacher certification in Pennsylvania or any other state? [] Yes [] No

If yes, please list state and type of certification held.

State	Type of Certification	Year Issued
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■ PROFESSIONAL REFERENCES

Name Relationship Address Telephone Number

Horizontal lines for entering professional references.

May we contact your current employer? [] Yes [] No

■ OTHER INFORMATION

We will provide whatever accommodations are required during the employment application process. Please advise the office of human resources of any special considerations you may need.

Horizontal lines for providing other information.

Have you ever been convicted of or pled no contest to a felony or misdemeanor? [] Yes [] No

If yes, please explain:

Horizontal line for explaining convictions.

PLEASE NOTE: Conviction of a crime will not automatically bar you from employment. The CSIU will consider the nature and date of the offense.

■ SUBMISSION OF CRIMINAL HISTORY REPORT

Applicants must submit current Act 114 (FBI clearance) registration ID number with the application by the stated deadline for consideration. Once a candidate has been accepted into the guest teacher program they will be required to obtain and/or provide the following additional clearances and paperwork to CSIU:

- Act 151 – PA Child Abuse History clearance
Act 34 – PA State Police Criminal Record clearance
School employee physical examination form including a current TB test
PDE 338-G General Application

The clearances must be no more than one (1) year old and the applicant MUST submit the ORIGINAL reports no later than the first day of training.

■ APPLICANT AUTHORIZATION

I authorize the CSIU to contact my former employers and professional references to determine my acceptability for employment. I release anyone who provides information and the CSIU from any and all liability and responsibility by reason of their so doing.

I certify that the above statements are true and understand that false statements may be considered sufficient cause for termination of employment.

Horizontal line for signature and date.

Applicant's Signature (Required)

Date