

Benton County R-2 Schools

P.O. Box 39 * Lincoln, Missouri 65338

Phone 660-547-3514 * Fax 660-547-3042

"A+ Designated School"

"Accredited With Distinction"

Website: www.lincoln.k12.mo.us

If you are interested in substituting in our school this year, please fill out this short questionnaire and mail back to the school.

NAME _____ PHONE # _____

CELL PHONE # _____

ADDRESS: _____

Date: _____

1. Are you interested in substitute teaching for Lincoln R-2 during the school year?

YES

NO

2. Do you have a grade level preference?

Grade 7-12

Grade K-6

Grade K-12

3. Do you have a subject area preference?

_____ I would prefer to substitute in the following subject areas:

_____ I will substitute in any subject area.

4. What days of the week does your schedule allow you to substitute?

_____ I can only substitute on these days: _____

_____ I can substitute any day of the week.

In addition to this form, please fill out the following attached forms:

1. Page 1 and Page 2 of Benton County R-2 School District Employment Questionnaire.
2. Request for Child Abuse or Neglect/Criminal Record.
3. You must provide a fingerprint clearance and a current Substitute Certificate or Lifetime Teacher Certificate.



Lincoln R-2 School District

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

TURN OVER - CONTINUE

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____