

Alamo Heights Independent School District

7101 Broadway- San Antonio, Texas 78209 - Phone 210-824-2483

SUBSTITUTE APPLICATION

Teacher	☐ Assistant	Clerical	☐ Nurse
☐ Bilingual (Spanish)		Date:	
Last Name:	First Name:		MI:
Street Address			
City:	State:	Zip Code: _	
Home Phone #		Social Security #	
Email Address:			
Emergency Contact and Phone #.:_			
Are you a substitute teacher in any	other school or school district	t? YES / NO	
Name of District or Districts:			
Who is your supervisor? Name	Position	nPh	ione
Have you ever interviewed for a po	sition in AHISD? YES / NO		
What position/campus?			
Are you retired from the Teachers I	Retirement System of Texas:	YES / NO	
If yes, when did you retire? (Ex: M	M/DD/YYYY)		

Have you ever (circle yes or no):

- 1. Received a less than satisfactory employment evaluation from an employer? YES / NO
- 2. Been asked to resign? YES / NO
- 3. Been terminated by a school or school system? YES / NO
- 4. Had your contract non-extended, non-renewed, or terminated by a school system? YES / NO
- 5. Had your contract proposed for non-extension, non-renewal, or termination for some disciplinary reason?YES/NO
- 6. Had a teaching credential or license denied, revoked, or suspended in any state? YES / NO
- 7. Been placed on disciplinary probation or been suspended from any position? YES / NO
- 8. Received a sanction for a credentialing or licensing authority, or had your credentials or license revoked or suspended by such authority? **YES / NO**
- 9. Been the subject of a sexual harassment complaint? YES / NO
- 10. Have you ever been (1) convicted of, or (2) plead guilty, or (3) received deferred adjudication, or (4) plead no contest (nolo contender) to a felony or misdemeanor other than minor traffic violations? The scope of inquiry includes but is not limited to, crimes of theft, rape, sexual assault, murder, swindling, indecency with a minor and possession or sale of marijuana or any category of illegal drugs? **YES / NO**
- 11. If yes, please state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Date of Degree(s):	BA/BS	MA	Major	Minor	
Institution conferring	degree(s)				
If no degree, number of	of semester hours	completed			
TEACHING EXPE	RIENCE:				
School/City	Grade/Subj	<u>ect</u>	Dates of Ser	<u>vice</u>	# of Months Taught
1					
2					
3					
REFERENCES: (P	lease complete	three attached	l reference forms)		
SCHOOL PREFER	ENCES:				
All schools(or):				
AHHS (9-12)	AHJS (6-8)	Cambridge	e (1-5)Woods	ridge (1-5)	Howard (Pre-K-K)
T C .'C 1T	ocher) VES / NO)			
(Texas Certified Tea	icher, ILB / Tit				

Application Requirements:

- 1. <u>Substitute Application</u> (pdf file 25KB)
- 2. <u>Criminal History Record Information</u> (pdf file)
- 3. $\underline{W-4}$ (pdf file off site)
- 4. 3 Completed References
- 5. Social Security Card
- 6. Driver's License
- 7. Official High School OR College Transcripts *e-Transcripts can be sent to amancera@ahisd.net*

The Alamo Heights ISD Title IX Coordinator is Frank Stanage, AHISD Human Resources Coordinator. Any person who wishes to report sexual discrimination or sexual harassment involving any district activity or program may report it by calling 210-832-5955, or via email sent to fstanage@ahisd.net.



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Date

APPLICANT IS RESPONSIBLE FO				HAVING THIS	S FORM
The above named person submitt Heights Independent School Distri	ed an applicatio		e teaching/cle	erical position	with the Alamo
Please complete the evaluation bel quality listed. If you have any que				he appropriate	e column for each
QUALITITES	Highly Recommended	Recommended	Acceptable	Not Acceptable	No Basis For Judgment
Dependability, Flexibility					
Maturity, Common sense					
Initiative, Enthusiasm					
Communication-Oral and Written					
Empathy/Understanding					
Cooperation-with Administration, Teachers, Parents					
Stability					
Competence					
Relationship to Applicant:	Years	Co	mments:		
Check items which apply) Worked under my supervision		_			
Co-worker		-			
Past or current student		-			
Student Teacher		-			
Employer		-			
Other		-			
Printed Name		Sig	gnature		
School District/Firm/Organization		En	nail/Phone Nu	mber	



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Competence					
Relationship to Applicant: (Check items which apply)	Years	Co	omments:		
Worked under my supervision		-			
Co-worker		_			
Past or current student		-			
Student Teacher		-			
Employer					
		-			
Other		_			
Other		_			
Other Printed Name		Sig	gnature		



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		-			
Other		_			
Other		_			
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