

Dear Prospective Substitute Teacher,

Thank you for your interest in serving The Westfield School in the important role of substituting for teachers during their necessary absences. This is a role that is vital to the ongoing quality of a school and the uninterrupted education of students. We appreciate your interest in Westfield and in Westfield students acknowledged by your desire to work with us.

Please complete ALL pages of the enclosed *Substitute Teacher Application* and the *Criminal History Consent Form* and return to The Westfield School, PO Box 2300, Perry, GA 31069, Attn: Amy Caviness.

The Westfield School is an independent school for students in grades Pre-kindergarten through twelve, with membership in the Georgia Independent School Association. The mission of The Westfield School is to provide a premier college preparatory education in a Christian environment.

If you have questions, you may contact Amy Caviness at (478)987-0547 Ext. 221 or by email at <u>acaviness@westfieldschool.org</u>.

Respectfully,

Amy Caviness Upper School Administrative Assistant

THE WESTFIELD SCHOOL US Hwy 41 S PO Box 2300

Perry, GA 31069 478-987-0547

www.westfieldschool.org SUBSTITUTE TEACHER APPLICATION

(Pre-placement questionnaire – an Equal Opportunity Employer) Complete all pages of this form and return to The Westfield School, PO Box 2300, Perry, GA 31069, Attn: Amy Caviness

#### PERSONAL INFORMATION

OTHER -Vocational, etc.

NAME (Please print)				Date of Applicat	ion
Last	First		Middle/Maiden		
Residence					
Street # & Stre			City	State	Zip
Mailing Address (If different from ab	oove) Street/PO Box #		City	State	Zip
Primary Phone ()		)			— <del>,</del>
		)			
Email Address					
Have you ever been employed (	(Circle one) YES NO	If so, where?			
What was your most recent emp	olovment?				
Dates of most recent employme	ent: From Month	Date Ye	To ear Month	Date	Year
PREFERRED PLACEMENT	INFORMATION (Che	ck All That Apply)			
Pre-School (Pre-K & K) G	rades 1-5				
Grades 6-8, all subjects	Grades 6-8, subj	ects except			
Grades 9-10, all subjects	Grades 9-10, sub	jects except			
Grades 11-12, all subjects	Grades 11-12, su	ibjects except			
Would you be interested in subs	stituting in an administrati	ve assistant position	? (Circle one) YES	NO	
Days of week that you are not a	vailable				
Will you require advance notice	of substitute work? (Circl	e one) YES NO	If "Yes," how muc	ch notice?	
EDUCATION Complete All Se	ections That Apply				
	NAME & LOCATION	YEARS ATTEN		GREE EARNED	OTHER INFORMATION
HIGH SCHOOL		From T	ō		
		From T	0		
COLLEGE-Undergraduate			<u>-</u> 0		
COLLEGE-Graduate		From T	0		
		From 1	0		

# Complete all pages and return to The Westfield School, PO Box 2300, Perry, GA 31069. Attn: Amy Caviness

## 

GENERAL INFORMATION	
SpecialSkills/Qualities	
Have you ever worked as a substitute teacher? (Circle	one) YES NO If "Yes," describe your experience
Why do you wish to work as a substitute teacher at Th	he Westfield School?
REFERENCES Give names of 2 persons not relat	ted to you, who have known you for at least 1 year
1. Name	Years acquainted
Contact Information (Mailing Address, Telephone, or Ema	ail address)
2. Name	Years acquainted
Contact Information (Mailing Address, Telephone, or Ema	ail address)
SIGNATURE OF AGREEMENT	
	submitted by me on this document is true and complete, and I understand that if tations are discovered, I will be subject to removal from the active substitute
	orm to and abide by the school's rules, regulations and expectations and to follow nstructions, including the lesson plan for the term my substitute placement.
Signature of Applicant	Date
	DO NOT WRITE BELOW LINE
Reviewed by	Date
Remarks	

Approved for Substitute Call (Circle one) YES NO

Academic Dean Signature

Date

## PERRY POLICE DEPARTMENT

#### CRIMINAL HISTORY CONSENT FORM Complete all pages and return to The Westfield School, PO Box 2300, Perry, GA 31069, Attn: Amy Caviness

I hereby authorize <u>K</u>	RISTINA TAYLOR, Chief Financial Officer, representing			
<u>THE WESTFIELD SCHOOL</u> (Name of Business) to receive any and all criminal history records and information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia.				
	(Please PRINT full name)			
	(Home address)			
Race Sex A	ge Date of Birth			
Social Security Number				
Signature	Date			
	(Applicant should not write below this line.)			
	PERRY POLICE DEPARTMENT PERRY, GEORGIA			
I certify that I have conducted a criminal history check in accordance with GCIC Regulations on the person named above and the results were that, as of this date, this individual has no record on file.				
A Record on the person	named above is attached.			
Name(Full Name)	Date			

SID #\_\_\_\_\_