



Since 1983

# SWAN SCHOOL

*Creative Independent Education*

## SUBSTITUTE TEACHER APPLICATION

Thank you for your interest in substituting at Swan School. Your information will be kept confidential and will be used for Swan School purposes only.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Have you substituted at Swan School before?

No       Yes

Do you have a current Washington State Teaching Certificate?

No       Yes (please attach a photocopy)

Please indicate which of the following you are available to substitute for:

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Art           | <input type="checkbox"/> Office    |
| <input type="checkbox"/> K-2       | <input type="checkbox"/> PE            | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> 3-4       | <input type="checkbox"/> Violin        |                                    |
| <input type="checkbox"/> 5-6       | <input type="checkbox"/> Choir         |                                    |
|                                    | <input type="checkbox"/> Keyboard      |                                    |
|                                    | <input type="checkbox"/> Spanish       |                                    |
|                                    | <input type="checkbox"/> General Music |                                    |

I give Swan School permission to conduct a background check on me for the purpose of reviewing any criminal history conviction records for the State of Washington. I understand the results of this check will be confidential.

Signature: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

Please mail your completed form to:      Swan School  
2345 Kuhn Street  
Port Townsend, WA 98368