

**St. Anne Catholic School**  
**Process for**  
**Substitute Teacher Employment**

St. Anne Catholic School seeks to employ well-qualified persons as substitute teachers, teaching assistants, and office staff when employees are absent. A high school diploma is the minimum qualification. A college background is preferred.

**Application**

Substitute teachers are required to file an application at the school office. The following items are necessary before an applicant can be approved to work as a substitute at St. Anne Catholic School:

- ◆ A completed application
- ◆ Three favorable/current recommendations
- ◆ Official college transcripts (or copy of high school diploma)
- ◆ Payroll/Accounting forms must be signed before beginning any work
- ◆ A Tuberculin skin test or chest x-ray is required by law. The skin test may be done by the County Health Department. No substitute will be allowed to begin work before this form is submitted.
- ◆ The Diocese of Charleston will request a background screening on each applicant. If the screening is not satisfactory, the substitute's name will be removed from the approved list.

All substitutes must view a blood borne pathogens training video annually to remain eligible. These videos are located in the school's office.

Substituting, by nature, is not regular work. Substitutes are called as needed and are not guaranteed work every day. However, those who do a good job will find that they are contacted more frequently when teachers are absent.

Substitutes should notify the school office when they are no longer able to substitute for St. Anne.

**Additional Information**

- ◆ Each substitute should report to the school office and sign the appropriate sign-in sheets for each day worked.
- ◆ Each substitute should maintain an accurate record of days worked. This record should include the names of the teachers who were absent and the dates actually worked. If a discrepancy is noted when a payroll check is received, contact the school office to discuss the work record.
- ◆ Substitute teachers are required to work the NORMAL TEACHER WORKDAY (7:30AM-3:00PM).
- ◆ Substitute teachers may be called upon to work partial days. In such cases, they will be paid hourly rates.
- ◆ Checks are issued to substitutes on the 30<sup>th</sup> of the month following the days actually worked the previous month.
- ◆ St. Anne Catholic School operates without discrimination on the basis of gender, race, national origin, age, or disability. Prior to employment, the Diocese of Charleston requires the school to request a criminal record history check for past actions or crimes. For this reason, information about date of birth, gender and race is requested as part of the application process.

**SUBSTITUTE TEACHER REFERENCE FORM**

The applicant listed below has applied for a position as a substitute teacher in St. Anne Catholic School. As a part of our employee selection process, we request each applicant to forward a copy of this reference form to three persons who are uniquely familiar with his/her ability, potential, and/or past performance. Your prompt attention in completing the items below and returning the form to us will be greatly appreciated. Your reply will be strictly confidential.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

	Superior	Above Average	Average	Below Average	Unsatisfactory
Physical Health					
Emotional Poise					
Appearance					
Friendliness					
Sense of Humor					
Dependability					
Reactions to suggestions					
Relations to others					
Interest and pride in work					

In what relationship did you have the opportunity to form a judgment of this applicant?

\_\_\_\_\_

This person's most valuable qualification is \_\_\_\_\_

\_\_\_\_\_

This person's weakest characteristic is probably \_\_\_\_\_

\_\_\_\_\_

Is this someone you would like to have working with your child?    Yes \_\_\_\_\_    No \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

**Please Return To:**

Saint Anne Catholic School  
Attn: Principal  
1698 Bird Street  
Rock Hill, SC 29730

## APPLICATION FOR SUBSTITUTE TEACHERS

Name \_\_\_\_\_ PHONE \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street

City State Zip Code SSN \_\_\_\_\_

### REFERENCES

List three persons who are familiar with your training and/or teaching experience

Name	Position/Relationship	Telephone

### EDUCATION/CERTIFICATION

High School Attended \_\_\_\_\_ Diploma Date \_\_\_\_\_  
College(s) Attended \_\_\_\_\_  
Dates Attended \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on the back of this page

**Please check any that apply:**

I would like to be considered to substitute for:

- K4 - 5<sup>th</sup> Grades (Elementary)  
 6<sup>th</sup> – 8<sup>th</sup> Grades (Middle)  
 PE                       Computer                       Art  
 Music                       Library                       Office Staff  
 Teaching Assistant (K4 – 1<sup>st</sup> Grades)

### TO WHOM IT MAY CONCERN:

I hereby authorize St. Anne Catholic School to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or government agency to give St. Anne Catholic School any information they may have regarding me. In consideration of St. Anne Catholic School's review of this application, I release former employers and all providers of information from any liability as a result of furnishing and receiving this information.

\_\_\_\_\_ Date \_\_\_\_\_ Print Full Name \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

**SAINT ANNE CATHOLIC SCHOOL**

**SUBSTITUTE TEACHER INFORMATION/EMERGENCY SHEET**

**SUBSTITUTE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**MARITAL STAUS:** \_\_\_\_\_

**RELIGION:** \_\_\_\_\_

**PARISH/CHURCH** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**T/B: SHOT RECORD:** \_\_\_\_\_

**NOTE: TB Tests results must be recorded on the DHEC form.**