

BRAZOS ISD
RETURNING SUBSTITUTE TEACHER APPLICATION

PO BOX 819 227 Educator Lane Wallis, TX 77485 979-478-6551
*An Equal Opportunity Employer**

Name _____
Last First Middle initial

Mailing address _____
Street/Box City State ZIP Code

Home phone _____ Cell phone _____ Other phone _____

Email _____

Please list the days you are available to substitute and your assignment preferences.

- Day(s) of week Every day
 Monday Tuesday Wednesday Thursday Friday
- Assignment Any assignment
 Elementary Intermediate Secondary Special Education
- Preferred campuses: Brazos Elementary
 Brazos Middle School
 Brazos High School

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it.