

# WEBB CITY R-7 SCHOOL DISTRICT

## SUBSTITUTE DATA SHEET

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE (for Aesop calls) (\_\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Sex:  Male  Female E-MAIL ADDRESS \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_  
Name Address Telephone

### Check all that apply:

I have obtained my Substitute Certificate

I am certified to teach in the state of Missouri

If yes, please list the areas you are certified to teach:

\_\_\_\_\_

I am retired from the Missouri Teacher Retirement System

If yes, you are only allowed 550 hours of substitute teaching within any MO public school setting.

Please note that it is very important that we have an updated phone number, mailing address, and active e-mail address. The phone number you provide will receive calls from Aesop to provide your substitute assignments. Your mailing address and e-mail address are needed for important communications about your substitute status at Webb City R-7 Schools.

### For Office Use Only

Cert \_\_\_\_ Prints \_\_\_\_ I-9 \_\_\_\_ Background \_\_\_\_ Handbook \_\_\_\_ Aesop \_\_\_\_ Links \_\_\_\_ Badge \_\_\_\_ Lokdown \_\_\_\_

(MO)W-4 Fax \_\_\_\_\_ Data Team \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.