



Oil City Area School District
825 Grandview Road
Oil City, PA 16301
(814) 676-1867

SUBSTITUTE TEACHER APPLICATION

NAME _____ PPID NO. _____

ADDRESS _____ PHONE NO. _____

_____ EMAIL ADDRESS _____

EDUCATION

College/University _____ Degree Earned _____

_____ Degree Earned _____

CERTIFICATION

A Pennsylvania teaching certificate is **required** to substitute in the Oil City Area School District.

1. Status of Pennsylvania certificate:
☐ Instructional I ☐ Instructional II

2. What subjects and/or grades are you certified to teach? _____

3. Please list the subjects and/or grades outside of your certification you feel you could teach if called upon as a substitute teacher _____

EXPERIENCE

1. Other than student teaching, what is your total number of years teaching experience? _____

2. Are you a retired teacher? ☐ Yes ☐ No

3. When did you last teach full time? _____

HOMEBOUND INSTRUCTION

A list of qualified teachers is compiled each year to teach children who require homebound instruction. A maximum of five hours per week individual instruction is provided and payment for such instruction is on an hourly basis plus mileage expense. Would you be available for homebound instruction? ☐ Yes ☐ No

PLEASE NOTE: A copy of your Pennsylvania teaching certificate, PA Standard Application, Act 114 FBI Criminal History Record, Act 34 State Police Clearance, Act 151 PA Child Abuse History Clearance, a Commonwealth of PA Sexual Misconduct/Abuse Disclosure Release (Act 168) form for your current employer and any former employers where you had direct contact with children/students, current (within 3 months) Tine or Mantoux tuberculosis test results, and current health physical are **REQUIRED** with this application. **Completion of 3 trainings will be required: Act 126 Mandated Reporter, Act 71 Suicide Prevention, and Act 195 Epinephrine.**



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SUBSTITUTE TEACHER QUESTIONNAIRE

EMPLOYMENT QUESTIONNAIRE

Name _____ PPID No. _____

1. Are you restricted to working only certain hours of the day?

☐ Yes

☐ No

If YES, which hours? _____

2. Are you restricted to working only certain days of the week?

☐ Yes

☐ No

If YES, which days? _____

3. Are you restricted to working in only a certain geographical area within the school district?

☐ Yes

☐ No

If YES, which schools will you go to? _____

4. Are you available for working with homebound students?

☐ Yes

☐ No

If NO, please give reason: _____

5. Are you interested in full-time employment if it becomes available?

☐ Yes

☐ No

If NO, please give reason: _____

6. Mandated Reporter, Suicide Prevention, and Epinephrine trainings are now required for all those employed by the District, in conjunction with maintaining current clearances. Are you willing to complete the requirements?

☐ Yes

☐ No

If NO, please give reason: _____

Signature _____

Date _____