

Teacher Aide/Transportation Aide

Full Time _____

Part Time _____

Substitute _____

Please Check one of the following: **I DO** wish to substitute as a classroom/special education aide.

I DO NOT wish to substitute

What days of the week are you available? _____

If part time please specify hour desired by day

_____ Monday _____ Thursday

_____ Tuesday _____ Friday

_____ Wednesday _____ Saturday

Are there locations within the district where you are unable to work? Explain: _____

Check Here	Type of Experience	Year	Months
	Working with children		
	Computer experience		
	Filing		
	First Aid		
	Life Guard		