





Heidi Long, Executive Director  
 1650 W Traverse Terrace Way  
 Lehi, UT 84043  
 Main Phone (801) 901-8520  
 Fax (801) 901-8515

**PROFESSIONAL TRAINING**

EDUCATION: College and/or University Training

	College/University & Location	Dates	Degree/Credential	Major	Minor
Undergraduate					
Graduate					

**PERSONAL REFERENCES**

It is necessary for us to have names, addresses, and phone numbers of at least three references who are acquainted with you and your work experience and/or education. **INCLUDE YOUR LAST EMPLOYER.**

Name	Official Position	Email	Phone Number

**OTHER MISCELLANEOUS INFORMATION**

Have you ever been convicted of an offense other than a minor traffic violation? \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please state the nature of the offense(s), date(s), city and state, and disposition on a separate sheet of paper. A conviction record is not an automatic bar to employment and the nature, recency, and disposition of an offense will be considered only as it relates to the job for which you are applying.

Have you ever been discharged or forced to resign from any position because of misconduct or unsatisfactory service?

\*Yes \_\_\_\_\_ No \_\_\_\_\_ \*If yes, attach a separate sheet stating circumstances, including dates, names, address of employers, and causes.

Can you perform all job-related functions of this position? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_

I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigations of all statements herein recorded.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant



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**SUBSTITUTE TEACHER INFORMATION FORM**

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SSN: \_\_\_\_\_

Identify the days of the week you are available to work. Mark your choices with an "X".

IF YOU ARE AVAILABLE ALL DAYS, CHECK HERE \_\_\_\_\_

(A.M.) MON\_\_\_\_ TUES\_\_\_\_ WED\_\_\_\_ THURS\_\_\_\_ FRI\_\_\_\_

(P.M.) MON\_\_\_\_ TUES\_\_\_\_ WED\_\_\_\_ THURS\_\_\_\_ FRI\_\_\_\_

Please choose the types of locations. Mark your choices with an "X".

\_\_\_\_\_ Kindergarten \_\_\_\_\_ Lower Elementary \_\_\_\_\_ Upper Elementary

\_\_\_\_\_ Middle School (7<sup>th</sup> grade)

Special Considerations (comment here):

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