

## 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		