



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF
EDUCATION

Office of Human Resources

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Wendy Bailey, MPA
Director

SUBSTITUTE TEACHER APPLICATION

PART I: PERSONAL INFORMATION (Print all information in black ink)

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (P.O. Box)

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE

(Home)

(Work)

E-MAIL ADDRESS

1. As a result of conviction by a court of law, were you fined, imprisoned, or placed on probation? **YES** ☐ **NO** ☐
2. Have you ever been convicted of any crime, excluding minor traffic violations?
(Attach a copy of your Police Record) **YES** ☐ **NO** ☐
3. Have you ever been dismissed for cause from a position in a public or non-public school or child care facility? **YES** ☐ **NO** ☐
4. Have you ever had a teaching credential revoked, suspended or annulled in any state, territory or foreign country? **YES** ☐ **NO** ☐
5. Have you ever surrendered a teaching credential in any state, territory or foreign country? **YES** ☐ **NO** ☐

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. Submit official copies of court or administrative record(s), including disposition of each case.

SUBSTITUTE TEACHER APPLICATION (Page 2 of 4)

PART II: EDUCATIONAL BACKGROUND

LIST THE NAMES OF COLLEGES OR UNIVERSITIES ATTENDED

Name of Institution	State	Major Field of Study	Years of Graduation	College Credit or Degree Awarded

PART III: DO YOU HOLD A VALID OR EXPIRED TEACHING CERTIFICATE? **YES** ☐ **NO** ☐

(specify state and type of certificate)

(Attach a copy of both sides of your certificate.)

PART IV: STARTING WITH THE MOST RECENT, LIST TEACHING, ADMINISTRATIVE, OR SPECIAL SERVICE EXPERIENCE (NOT STUDENT TEACHING, SUBSTITUTE OR PARA-PROFESSIONAL EXPERIENCE)

Name of School	Location (City, State)	Job Title	Subject/Field	Grade(s)	Dates Employed From (M/Y) To (M/Y)	

PART V: STUDENT TEACHING, PRACTICUM, OR CLINICAL AFFILIATION

Institution	Address	Dates Attended	Subject/Area of Assignment	Assigned School

NOTE: Submit record of clinical clock hours appropriate for speech pathologist and school psychologist.

SUBSTITUTE TEACHER APPLICATION (Page 3 of 4)

PART VI: NON-TEACHING EXPERIENCE (List chronologically all full-time employment. Explain any gaps.

Name of Company	Address	Job Title	Dates of Employment	Full-time/Part-time

PART VII: MILITARY SERVICE/PEACE CORP SERVICES

Inclusive Dates From To		Military Occupational Specialty	Branch of Service	Type of Discharge

NOTE: Submit Copy of DD214

PART VIII: PROFESSIONAL REFERENCES - List three references. The references should be individuals who possess knowledge of your qualifications for the position(s) for which you are applying.

Name	Address	City/State	Telephone Number

PART IX: PROFESSIONAL DEVELOPMENT ACTIVITIES - List below professional membership, training, activities, or volunteer experiences which you consider significant features of your background. (Attach an extra sheet if necessary)

PART X: HONORS/AWARDS/PUBLICATIONS

PART XI: STATEMENT OF HEALTH - Do you have any health condition which you feel would restrict you from performing your duties for the position for which you are applying? Yes____No____If yes, on a separate sheet, describe the condition and explain work limitations. **NOTE:** All applicants must undergo a **PHYSICAL EXAMINATION** .

SUBSTITUTE TEACHER APPLICATION (Page 4 of 4)

Return completed package with the following supporting documents:

- Official transcript(s) from all college(s)/university(ies) submitted to the V.I. Department of Education directly from the institution(s).
- Verification of teaching experience. Please include specific beginning and ending dates.
- Three letters of recommendation submitted to the V.I. Department of Education directly from the reference(s)..
- Police background check. (local and national if applicable)
- Resume
- Proof of citizenship (i.e. Birth Certificate, Passport, Social Security Card, etc.)

COMPLETE THE CRIMINAL RECORD CHECK AUTHORIZATION FORM ATTACHED TO THIS APPLICATION.

AFFIRMATION – I hereby affirm that the information given by me in this application for employment with the U.S. Virgin Islands Department of Education is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission will be sufficient cause for disqualification or discharge if employed. **Also, by signing below, I hereby give the V.I. Department of Education authority to conduct a criminal as well as an employment history investigation.**

SIGNATURE OF APPLICANT: _____ DATE: _____

THE U.S. VIRGIN ISLANDS DEPARTMENT OF EDUCATION ADHERES TO THE POLICY THAT “NO PERSONS SHALL BE DISCRIMINATED AGAINST IN EMPLOYMENT OR IN ANY EDUCATIONAL PROGRAM OR ACTIVITY OFFERED BY THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION ON ACCOUNT OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, HANDICAP OR AGE”.

Information on this form is subject to release pursuant to the Freedom of Information Act.