

**DELAWARE VALLEY SCHOOL DISTRICT  
236 ROUTE 6 & 209 - MILFORD, PA 18337  
(570) 296-1811**

**SUBSTITUTE CLASSIFIED EMPLOYEE APPLICATION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street and Number City State Zip

TELEPHONE # ( ) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CHECK ONE:

- YES** I am interested in working as a day-to-day Substitute Classified Employee for the 2019-2020 school year.
- NO** I am not interested in working as a day-to-day Substitute Classified Employee for the 2019-2020 school year.

**\*\*PLEASE SUPPLY YOUR EMAIL ADDRESS:**

I will substitute as a classified employee in the following area(s):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Secretary</b>                            | <input type="checkbox"/> <b>Licensed Health Room Nurse</b> |
| <input type="checkbox"/> <b>Instructional Assistant</b>              | <input type="checkbox"/> <b>Cafeteria</b>                  |
| <input type="checkbox"/> <b>Bus/van Driver (Class _____ License)</b> | <input type="checkbox"/> <b>Custodial and Maintenance</b>  |

If you are a current employee of the district, please complete the following.

Occupational Group \_\_\_\_\_ Building \_\_\_\_\_ Hours \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**REASONABLE ASSURANCE NOTICE:**

**This is to inform you that your job will be available to you and you may consider this notice as an offer to return to it when school reopens for the academic year or term scheduled.**

**Please be advised that the school calendar is available and updated regularly on the school district web-site, [dvsd.org](http://dvsd.org), for your reference.**

**If following submission of this application, you wish at any time to change your substitute status, it is your responsibility to notify the school district, in writing, of such change.**