ISHPEMING SCHOOL DISTRICT NO. 1
319 E. Division St.
Ishpeming, MI 49849
(906) 485-5501

SUBSTITUTE NON-TEACHING

Applicable for school year indicated below only. Please contact the Superintendent's office yearly to update your name on the substitute list. Thank you!

2011-12

NAME_____

STREET ADDRESS_____

CITY AND STATE_____ PHONE NO. _____

Date of Birth _____ CELL NO. _____

Sex _____ Race:_____
(CHOOSE FROM LIST)

White, Not of Hispanic Origin
American Indian or Alaska Native
Asian American
Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander

INTERESTED IN SUBSTITUTING IN_____

_____

HAVE YOU COMPLETED YOUR MICHIGAN PUBLIC SCHOOLS RETIREMENT CHOICE FORM? YES ☐ NO ☐

Current or former Employer - Name: _____

Address: _____

_____

Fax No. _____

Telephone No. _____

FOR OFFICE USE ONLY:

Employment Eligibility Form Completed: _____

Date Section 1230B Letter Sent or Faxed to Former Employer: _____

Date 1230B Response Received From Former Employer: _____

Date Finger Print Information Received: _____

Approved for sub list: ☐Yes ☐No