

Denver Public Schools  
Department of Human Resources

Dear Applicant:

Thank you for your inquiry regarding certificated employment in the Denver Public Schools. Enclosed is an application for you to complete and return.

To complete your application, you must provide the following:

1. Completed application form
2. Official transcripts from all colleges and universities, showing degree earned
3. Three current letters of recommendation or placement file
4. Colorado Educator License or the ability to receive a license
5. Copy of birth certificate or passport
6. Copy of social security card
7. Employment Eligibility Verification Form
8. Notification and Authorization for a Consumer Report.

The appropriate manager of English Language Acquisition, Elementary or Secondary Personnel will review completed applications. If you are in a field which we anticipate vacancies, we will contact you to schedule an interview.

If you are interested in substitute teaching, please call (303) 764-3520.

To be considered for certificated employment, you must have an appropriate Colorado Educator License or be able to secure such a license. Questions regarding licensure should be directed to: Colorado Department of Education, 201 East Colfax Avenue, Denver, CO 80203, telephone (303) 866-6628.

The Denver Public Schools is an Equal Opportunity/Affirmative Action Employer. We accept voluntary ethnic identification information on the enclosed form.

We appreciate your interest in the Denver Public Schools.

Sincerely,

Dr. Johnny Lydia  
Chief Personnel Officer

# DENVER PUBLIC SCHOOLS

## 900 GRANT STREET / DENVER, CO 80203

Telephone (303) 764-3200  
Department of Human Resources

**NOTE:** This application will be kept in an open file until the first of October. If you wish your file continued for one additional year, you must contact the Department of Human Resources between September 15 and October 1.

FOR OFFICE USE ONLY		
_____ Oath	_____ Tine Test	_____ Teaching Certificate
_____ Data Card	_____ Transcripts	_____ Physical
_____ Interview	_____ References	_____ I-9
_____ Subject Card	_____ Birth Certificate	
Information checked by: _____		Date: _____
Interviewed by: _____		Date: _____

## APPLICATION FOR CERTIFICATED PERSONNEL

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Application

Name \_\_\_\_\_

First Middle Last

Other name in which records might be recorded \_\_\_\_\_

Have you ever been employed by the Denver Public Schools? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Under what name and in what capacity \_\_\_\_\_

Present Address \_\_\_\_\_

Street City State Zip ( ) Telephone

Permanent Address \_\_\_\_\_

Street City State Zip ( ) Telephone

## CERTIFICATION

Colorado Certificate \_\_\_\_\_

Type Endorsement Expiration Date

Colorado Vocation Credential \_\_\_\_\_

Endorsement Expiration Date

Colorado Certificate Pending

**POSITION DESIRED** \_\_\_\_\_ **Full time** \_\_\_\_\_ **Substitute**

**Elementary teacher complete the following:**

Level preferred: Mark first choice 1, second choice 2, etc.

Early Childhood Education \_\_\_\_\_ Kindergarten \_\_\_\_\_ Primary (1-2) \_\_\_\_\_ Intermediate (3-5) \_\_\_\_\_

Bilingual \_\_\_\_\_ In what language(s) \_\_\_\_\_

**Secondary teacher complete the following:**

Level preferred: Mark first choice 1, second choice 2, etc.

Middle School (6-8) \_\_\_\_\_ Senior High (9-12) \_\_\_\_\_ Alternative Programs \_\_\_\_\_

Bilingual \_\_\_\_\_ In what language(s) \_\_\_\_\_

List in order of preference the subjects you are qualified to teach:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Specialist indicate below the specialist area in which you are certified and you seek assignment:**

Counselor \_\_\_\_\_ Music \_\_\_\_\_ Physical Education \_\_\_\_\_ Media Specialist \_\_\_\_\_

Speech Therapist \_\_\_\_\_ Special Education \_\_\_\_\_ ESOL \_\_\_\_\_ Other \_\_\_\_\_

(indicate program)

Bilingual \_\_\_\_\_ In what language(s) \_\_\_\_\_

List level of preference (1,2,3):

Elementary School \_\_\_\_\_ Middle School \_\_\_\_\_ Senior High School \_\_\_\_\_



# SPECIAL TRAINING

Do you have bilingual skills? Yes \_\_\_\_\_ No \_\_\_\_\_

Language(s) \_\_\_\_\_

Competency Level: Minimal \_\_\_\_\_ Fair \_\_\_\_\_ Fluent \_\_\_\_\_

Do you have a bilingual endorsement? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you mastered a foreign language proficiency test? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of test \_\_\_\_\_

Do you have an English As a Second Language Endorsement? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you trained in Montessori? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of certification AMI \_\_\_\_\_ AMS \_\_\_\_\_

Are you trained in Whole Language Instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you trained in Gifted and Talented Instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

# CREDENTIALS

Request your college or university Placement Office to submit your credentials to our office.

If you do not have a placement file, please have forwarded to this office three letters of reference from supervisors, principals and superintendents under whom you have taught in the past ten years.

If you have not taught previously, include letters from cooperating teachers, college or university supervisors, and building principals who have been associated with your student teaching.

If your placement office does not include transcripts in your file, please have transcripts of your college work forwarded to our office.

# REFERENCES

PROFESSIONAL REFERENCES: List Educational Supervisors/Administrators (if none, list other professional references).

NAME	TITLE	CITY/STATE	TELEPHONE
_____	_____	_____ ( ) _____	_____
_____	_____	_____ ( ) _____	_____
_____	_____	_____ ( ) _____	_____

# REGULATIONS AND AFFIRMATIVE ACTION STATEMENT

Denver Public Schools does not discriminate on the basis of race, color, national origin, sex, age, handicap, or sexual orientation in admission or access to, or treatment or employment in, its educational programs or activities.

Inquiries concerning Title VI, Title IX and Section 504 may be referred to Affirmative Action Officer, 900 Grant St, Denver CO 80203, phone 764-3583, or the Office for Civil Rights, U.S. Dept. of Education, 1244 Speer Blvd., Suite 310, Denver CO 80204.

Please let us know how you became aware of the Denver Public Schools.

advertisement \_\_\_\_\_  
Name of Publication

newspaper article

conference \_\_\_\_\_  
Name

placement office

personal knowledge of District

other \_\_\_\_\_

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

# QUESTIONS

**Please respond in the space provided.**

1. What do you want to accomplish as a teacher?

2. Please discuss two innovations in your field which interest you.

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## LISTS OF ACCEPTABLE DOCUMENTS

### LIST A

Documents that Establish Both  
Identity and Employment

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

### LIST B

Documents that Establish  
Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority  
For persons under age 18 who are unable to present a document listed above:
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

### LIST C

Documents that Establish  
Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last First Middle Initial Maiden Name

Address (Street Name and Number) Apt # Date of Birth (month/day/year)  
City State Zip Code Social Security #

I am aware that federal law provides for imprisonment and/or fines for false documents in connection with the completion of this form. I attest, under penalty of perjury, that I am (check one of the following):  
 A citizen or national of the United States  
 A Lawful Permanent Resident (Alien # A \_\_\_\_\_)  
 An alien authorized to work until \_\_\_/\_\_\_/\_\_\_ (Alien # or Admission # \_\_\_\_\_)

Employee's Signature Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name

Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C on the reverse of this form and record the title, number and expiration date, if any, of the document(s).

<b>List A</b>	<b>OR</b>	<b>List B</b>	<b>AND</b>	<b>List C</b>
Document title: _____	_____	_____	_____	_____
Issuing authority: _____	_____	_____	_____	_____
Document #: _____	_____	_____	_____	_____
Expiration Date (if any): ___/___/___	_____	___/___/___	_____	___/___/___
Document #: _____	_____	_____	_____	_____
Expiration Date (if any): ___/___/___	_____	_____	_____	_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative Print Name Title

Business or Organization Name Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)  
DENVER PUBLIC SCHOOLS 900 GRANT STREET, DENVER CO 80203

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable) B. Date of rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

**All Applicants -- C.R.S. § 22-32-109.7 & 109.8**

- 1. Have you ever been convicted of, plead no contest to, or received a deferred sentence as to, a crime other than a minor traffic violation? Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Applicant's Initials
- 2. Are criminal charges (other than minor traffic violations) currently pending against you? Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Applicant's Initials
- 3. Have you ever been convicted of, plead guilty to, plead no contest to a felony, or been terminated or resigned from a position because of inappropriate or illegal behavior involving a child or children? Yes\_\_\_ No\_\_\_ \_\_\_\_\_  
Applicant's Initials

Note: A conviction plea, deferred sentence or charge is not an automatic bar to employment--each case will be considered on its own merits.

If you answered yes to any of the above questions, please explain the circumstances in detail in the space provided. Include the nature of the charge, the court, the date, and the disposition of the case. (Use a separate piece of paper if necessary to give a complete explanation.)

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**Applicant's Statement**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, employment records, or interview(s) shall result in immediate termination. I understand, also, that I am required to abide by all rules and regulations of the Denver Public Schools.

I authorize Denver Public Schools, District No. 1, to make an investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, college, credit agency or governmental agency to give the Denver Public Schools pertinent information they have regarding me. This authorization shall remain in effect during the course of my employment with the school district for the purpose of verifying any information contained in my employment application.

This authorization to obtain records and information is not intended to permit the release of my medical records, medical information contained in my employment records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment, except as may be authorized or permitted by federal or state law.

**In consideration of the Denver Public Schools' review of this application, I release the school district and all providers of information from any liability as a result of furnishing and receiving this information.**

I understand that any offer of employment may be predicated upon the results of background checks concerning felony or misdemeanor convictions.

My signature below constitutes a waiver of any rights I may have to inspect and review administrative candidate confidential references and all other materials requested and/or submitted on a confidential basis regarding this application.

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

\_\_\_\_\_  
**Date**

Each new employee must complete a FORM I-9 to perform services in return for wages or other pay.

Denver Public Schools is an Equal Opportunity Employer and does not discriminate on the basis of age, race, color, creed, national origin, disability, or sexual orientation in its educational programs or activities (including employment and application for employment). It is prohibited from discriminating on the basis of sex by Title IX (20 USC 1681) and on the basis of disability by the Americans with Disabilities Act (ADA) section 504 (29 USC 794). Inquiries concerning the application of these laws should be directed to Dr. Johnny Lydia, Chief Personnel Officer, Dept. of Human Resources, 900 Grant Street, Denver CO 80203.



**DENVER PUBLIC SCHOOLS  
DEPARTMENT OF HUMAN RESOURCES  
REFERENCE CHECK**

**Name of Applicant:** \_\_\_\_\_

**Daytime Telephone No.:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Position Desired:**                      **Substitute** \_\_\_\_\_                      **Contract** \_\_\_\_\_

**Professional References: List Educational Supervisors/Administrators (If none, list other professional references)**

**Reference #1**

**Professional** \_\_\_\_\_                      **Personal** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Reference #2**

**Professional** \_\_\_\_\_                      **Personal** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Reference #3**

**Professional** \_\_\_\_\_                      **Personal** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Checked By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Returned:** \_\_\_\_\_

REQUEST FOR INFORMATION REGARDING TEACHER'S EXPERIENCE  
OUTSIDE OF DENVER

To Superintendent or Other School Official:

I am applying for a position as a teacher with the Denver Public Schools and ask that you verify my full-time contract teaching experience with your district. Please provide the information requested below as soon as possible and return in the enclosed envelope.

Thank you,

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Social Security Number

District or Town	State	Number of Months	From Month to Year	From Month to Year

Total \_\_\_\_\_ Months or \_\_\_\_\_ School Years

Signature of person  
Making Report \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

State and federal laws and regulations concerning nondiscrimination and equal opportunities require the School District to report racial/ethnic and gender data. It is important, therefore, that we have the correct information for each applicant. This identification form will be maintained separately from your application and will not be seen by administrators making employment decisions.

**PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES WHICH BEST DESCRIBES YOU**

- \_\_\_\_\_ 1. Indian: Any individual who (a) is a member of a tribe, band, or other organized group of Indians (as defined by the Indian tribe, band or other organized group), including those tribes, bands, or groups terminated since 1940, and those recognized by the State in which they reside, or who is a descendant, in the first or second degree, of such member, or (b) is considered by the Secretary of the Interior to be an Indian for any purpose, or (c) is an Eskimo or Aleut or other Alaska Native.

Name of Tribe, Band or Group Member \_\_\_\_\_

- \_\_\_\_\_ 2. Black
- \_\_\_\_\_ 3. Asian or Pacific Islander
- \_\_\_\_\_ 4. Hispanic
- \_\_\_\_\_ 5. Other (Includes Caucasian)

**PLEASE CHECK GENDER:**    \_\_\_\_\_ Male            \_\_\_\_\_ Female

Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

DENVER PUBLIC SCHOOLS  
DEPARTMENT OF HUMAN RESOURCES

**PROCEDURES FOR SALARY VERIFICATION**

During the contract signing conference the teacher will be told of the estimated salary placement based on the experience listed in the teacher's application. However, the teacher will be placed on the first step of the appropriate salary schedule until proof is provided to the district.

The corrected salary will be made retroactive, as long as the verification is received by October 1, for the first semester, March 1, for the second semester, or thirty (30) working days from the date of the contract signing.

**METHODS OF PLACEMENT ON THE SALARY SCHEDULE**

STEPS

A candidate receives credit for outside experience if it is:

- Full-time contract teaching
- Within the past ten (10) years

Once experience is verified (on Denver Public School Salary Verification Form), the candidate will be placed on the appropriate salary step.

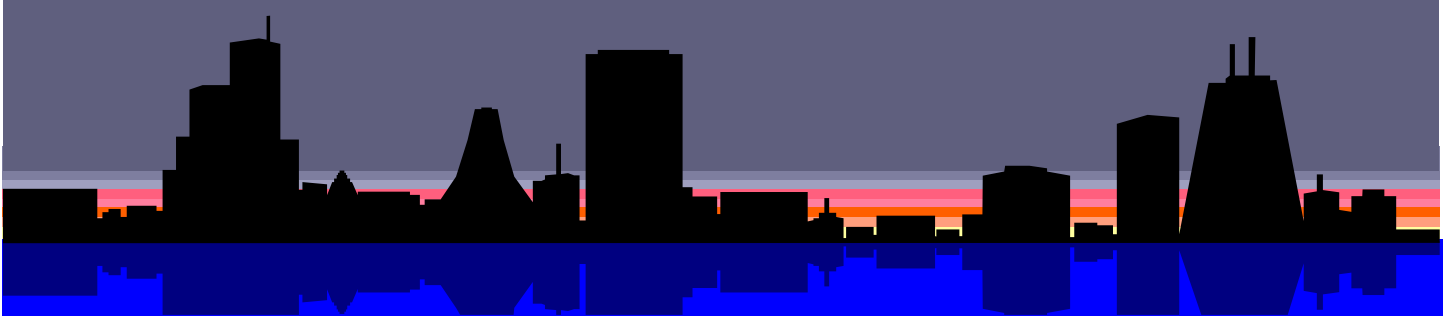
DEGREE/COURSEWORK

Credit is given for degrees or coursework other than a BA.

Coursework is counted after the degree is conferred from a four year accredited university (no credit is given for Community College or Technical School).

Requirements for semester hours taken after the MA are:

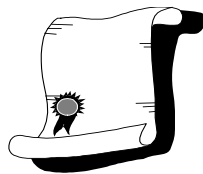
- First thirty (30) semester hours – ten (10) hours must be graduate level in education
- Second thirty (30) semester hours must be all graduate level – ten (10) semester hours in an area other than education



## LICENSURE Information for Out-of-State Recruits

Colorado has “limited reciprocity” with other states for the licensing of candidates who completed their educator preparation programs out-of-state and therefore there are several principles to keep in mind:

1. It is against the law to contract with and/or pay you unless you hold a valid certificate, license or authorization from the Colorado Department of Education (CDE).
2. CDE requires that your qualifications “meet or exceed” the requirements for in state prepared people. These requirements include:
  - a. Appropriate degree, experience and education level for the license and endorsement;
  - b. Completion of a state-approved program at an accredited institution in the endorsement area sought; or completion of an Alternative Teacher Preparation program, followed by three years of successful teaching experience;
  - c. Hold or be eligible to hold a standard certificate or license issued by the preparing state.
3. Candidates who meet these qualifications may receive a Type VI Temporary Authorization, which is valid for two years. During that two-year period the candidate must complete the required **PLACE** (licensing) exams which include Basic Skills; Liberal Arts/Sciences; Content Area (for the endorsement sought); Professional Knowledge; plus meet the Oral English Proficiency requirement. **Two years is the limit on a Temporary Authorization, and it is not renewable. Any teacher who does not pass all the required PLACE tests within the two-year window will not be licensed or receive authorization.** Please refer to principle number one. Teachers who have three years of licensed teaching experience in the preparing state do not have to complete the **PLACE** exams; they should receive a Provisional Teacher License.
4. We experience difficulty in hiring a sufficient number of qualified teachers endorsed in bilingual education, math and science. We may consider requesting an Emergency Authorization for a candidate in the following circumstances:
  - a. The candidate holds at least a Bachelor’s Degree from an accredited college or university;
  - b. The candidate shows, through transcript review, sufficient hours in the subject to be taught; 24 semester hours is the accreditation standard for an endorsement; and
  - c. Bilingual candidates must be fluent in both Spanish and English, in addition to meeting the subject matter standard.



**PLACE™**  
**PROGRAM FOR LICENSING ASSESSMENTS FOR COLORADO EDUCATORS**  
**1999-2000 REGISTRATION INFORMATION**

The Program for Licensing Assessments for Colorado Educators (PLACE ) is administered on behalf of the Colorado Department of Education by National Evaluation Systems, Inc. (NES) of Amherst, Massachusetts. The **PLACE 1999-2000** Registration Bulletin provides comprehensive information and instructions about the PLACE registration and administration processes.

**PLACE 1999-2000** Registration Schedule. During the 1999-2000 academic year, PLACE assessments are scheduled to be administered on four dates. The following table lists administration dates, registration deadlines, and score report mailing dates. A special summer administration will be held, but site and assessment selections will be limited. The 1999-2000 PLACE Registration Bulletin contains all necessary registration information, including registration instructions, deadlines, and forms.

**PLACE 1999-2000 Registration Schedule**

<b>ADMINISTRATION DATE</b>	<b>REGULAR REGISTRATION DEADLINE</b>	<b>LATE REGISTRATION DEADLINE</b>	<b>EMERGENCY REGISTRATION PERIOD</b>	<b>SCORE REPORT MAILING DATE</b>
October 23, 1999 January 29, 2000 May 20, 2000	September 10, 1999 December 17, 1999 April 7, 2000	October 1, 1999 January 7, 2000 April 28, 2000	(by telephone only) October 6-15, 1999 January 12-21, 2000 May 3-12, 2000	December 3, 1999 March 10, 2000 June 30, 2000
July 22, 2000	July 7, 2000		July 10-18, 2000	September 1, 2000

PLACE 1999-2000 Registration Bulletin. The 1999-2000 Registration Bulletin may be obtained from departments of education at Colorado colleges and universities, or from the offices listed below.

PLACE Program  
National Evaluation Systems, Inc.  
30 Gatehouse Road  
P.O. Box 660  
Amherst, MA 01004-9009  
(413) 256-2885  
7:00 a.m. - 4:00 p.m. Mountain time  
(Monday-Friday)

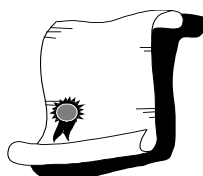
Colorado Department of Education  
Educator Licensing Unit  
201 East Colfax Avenue  
Denver, CO 80203-6628  
(303) 866-6628  
8:00 a.m. - 5:00 p.m. Mountain Time  
(Monday-Friday)

Telecommunications Device for the Deaf  
(TDD) Telephone number: (413) 256-8032

Requests may be left through the phone system 24 hours a day.

Who is required to take PLACE™ Assessments? Most candidates (whether prepared in Colorado or other states) for initial educator licenses (provisional licenses) in Colorado are required to take and pass one or more of the PLACE™ assessments. This includes candidates for teaching, special services, principal, and administrator licenses. Please refer to the Provisional License Requirements Table on the reverse side.

The assessments may be waived if you have completed three years of licensed teaching experience in another state.



**Denver Public Schools  
Department of Human Resources  
Substitute Teacher Office**

To be considered for substitute teaching in the Denver Public Schools, the following material must be on file in the Substitute Teacher Office.

1. Completed application form
2. Official transcripts from colleges and universities showing degrees
3. Three current letters of recommendation or placement file
4. A Colorado Educator License or the ability to receive a license
5. Copy of birth certificate or passport
6. Copy of social security card
7. Employment Eligibility Verification Form
8. Notification and Authorization for Consumer Report

After you have provided the application materials indicated, please call (303) 764-3520 to schedule an interview.

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