SUBSTITUTE TEACHER APPLICATION

Name					
Address					
Street	C	ity	S	State	Zip
Phone Number ()_					
	<u>E</u> 1	<u>DUCATION</u>			
Please list degrees held,	college and ma	ijor field of stu	dy:		
Number of hours taken	in education (sp	pecify quarter of	or semester hou	urs)	
States in which you are	certified to teac	h			
Complete transcript may	be obtained from	om			
<u>I</u>	REVIOUS TE	CACHING EX	PERIENCE		
Please list school, grade	, subject, year,	and name of pr	rincipal:		
<u>SU</u>	BSTITUTE TE	EACHING PR	REFERENCES	<u>S</u>	
Please circle all grade le	vel(s) and subje	ects you wish t	o teach:		
Beginning School	ol (2PK –K)	Lower Sch	hool (1-2)	Lower Scho	ool (3-5)
All Specialties (Art, Chess, Mus	sic, Library, Sc	ience, Spanish	, and PE	
Extended Day (I	ower School 3	·15 – 6pm) (Be	eginning Schoo	ol 11·30am –	5·30pm)

AVAILABILITY

Available all day? If no, how much of the day?						
Specific Request (when to call, etc.)						
	REFERENCES					
(Please reference those who can be contacted by our administrators.)						
Name	<u>Position</u>	Phone Number				