



Substitute Teacher Application

Date: _____

Application for **20**____ to **20**____ school year

Name: _____

Telephone Number: _____

Address: _____

Calls are usually placed between 6:00 a.m. and 6:30 a.m.

High School Graduate: Yes (Year _____) No
(circle answer)

Email: _____

College Degree: Yes No
(circle answer)

Currently licensed to teach: Yes (State: _____) Exp: _____
(circle answer) No

License Level: _____ Endorsement(s): _____

Please check the appropriate box or boxes. (Indicate with an "x" those schools which you prefer. Check with a "v" those you would work at in an emergency.)

Barnard _____
(k-6)

Pomfret _____
(K-6)

Sherburne _____
(K-6)

Woodstock _____
(K-6)

Bridgewater _____
(K-6)

Reading _____
(K-6)

WUMS/HS _____
(7-12)

Special Ed. _____

Pre-school _____

Elementary _____

Middle/high school _____

I am available to substitute in the following areas at the middle/high school:

Art _____

Home Ec. _____

Music _____

Social Studies _____

Business _____

Industrial Arts _____

Phys. Ed. _____

Foreign Lang. _____

English _____

Math _____

Science _____

Spanish _____

French _____

Latin _____

I am available to substitute for:

Unlimited time _____

On a daily basis only _____

The entire year _____

No longer than a week at a time _____

Two or three days at a time _____

For the following months only _____

Work Experience: Please list your most recent work experiences.

Company or Organization	Location	Position	Reason for Leaving
1.			
2.			
3.			

1.

2.

3.

References: Please list three **local** references who are familiar with your professional competence.

Name	Position	Address	Phone
1.			
2.			
3.			

1.

2.

3.

PLEASE ATTACH OTHER PERTINENT INFORMATION OR USE REVERSE SIDE.

Office Use Only: Fingerprinting completed _____ Approved _____