



Substitute Teacher Application

Name: _____

Address: _____

Phone#: _____ Cell#: _____

Teaching Experience (School, Homeschool, Church): _____

Personal/Professional References (please list your pastor as one):

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Grades willing to sub for (please circle all that apply):

1 2 3 4 5 6 7 8 9 10 11 12

Comments: _____

Days/Times Available (please circle all that apply):

Mon AM Tues AM Wed AM Thur AM Fri AM

Mon PM Tues PM Wed PM Thur PM Fri PM

Are you willing to be fingerprinted for a federal criminal records background check? _____

Please sign below indicating that, once you receive the substitute information material, you will read it and comply with the basic conduct, procedures and policies we expect from all our teachers.

Signature: _____

Date: _____

Thank you!