

NAME: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

SUBSTITUTE AVAILABILITY

Please mark all that apply:

Elementary School

AM 8:30-11:30 _____

PM 11:30-3:30 _____

Full 8:30-3:30 _____

Middle School

AM 7:30-10:30 _____

PM 10:30-2:30 _____

Full 7:30-2:30 _____

High School

AM 7:30-10:30 _____

PM 10:30-2:30 _____

Full 7:30-2:30 _____

School Year

All _____

September _____

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____

June _____

Days

All _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please list other districts you are currently subbing for:

I am also willing to cover the following areas: ART PHYS ED LIBRARY MUSIC
Please circle all that apply

If applicable, please complete the section below:

Associates Degree _____ Subject Area: _____

Bachelors Degree _____ Subject Area: _____

Masters Degree _____ Subject Area: _____

I am a certified teacher _____ YES _____ NO Certification Area: _____