



Substitute Teacher Application

Date of Application: _____

Full Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Grade Level Preferred (Circle all that apply): K-2 3-5 6-8 9-12

Highest Level of Education: High school diploma AS/AA degree
BS/BA degree MS/MA/MEd+ degree

Major: _____ Minor: _____

Teacher Certification: Yes _____ No _____

License Expiration: _____

Days of Availability: M Tu W Th F

Do you have teaching or substituting experience? Yes _____ No _____

Number of years: _____

References

Professional Reference:

Name: _____

Phone: _____ Email: _____

Spiritual Reference (someone who knows you well and knows your life as a Christian):

Name: _____

Phone: _____ Email: _____

Date: _____ Signature: _____

Your substitute teacher application packet should include:

- This completed application with personal and professional references.
- A handwritten personal testimony of faith
- Background check