

Substitute Teacher Application

Name_____ Date_____

Address_____ Social Security #_____

City/State/Zip_____ Phone(____)_____

Level(s) Preferred K-4 5-8 9-12 All Levels

Teaching Areas Preferred:_____

Additional areas you will substitute in, if needed:_____

Teaching Experience 1. _____
(School and Subject) 2. _____
 3. _____

Education: College or University Degree BS or BA Year_____ Masters

Major:_____

Degree earned from:_____

Certification : Level_____ Date Issued_____ Expiration Date_____

References (former employers or supervisors)

| Name | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

ATTACH A COPY OF YOUR TEACHING CERTIFICATE and HEALTH FORM

Moundridge USD 423 is an Equal Opportunity Employer

Signature:_____

For Office Use Only: Certificate Health Form W-4 I-9 DL SS Card