

Substitute Teacher Application
MSD of Warren County

Name: _____

Address: _____

Email Address: _____ Phone: _____

SS# _____ Birth Date: _____

I have the following: _____ A valid teaching license. Expiration date: _____

_____ A substitute teaching license. Expiration date: _____

List three personal references, including address and telephone numbers for each:

1. _____

2. _____

3. _____

List your three most recent employers:

Employer

Position

Dates Worked

1. _____

2. _____

3. _____

Education:

High School Diploma _____ Associate's Degree _____ Bachelor's Degree _____ Master's Degree _____

Please describe any experience you have with the supervision or teaching of children:

In which Schools/Grade Levels are you interested in subbing? _____

Signature: _____ Date: _____