

2018-2019 SUBSTITUTE TEACHER APPLICATION

Personal Information:

Date: _____

Name: _____

Address: _____

Street

City

State

Zip

Telephone#:(_____) _____ Email: _____

Please check grade level(s) and subject(s) preferred:

Robinson

8:45AM-3:30PM

½ day AM 8:45-12:00

½ day PM 12:00-3:30

Jordan/Jackson

7:50AM-2:40PM

½ day AM 7:50-11:20

½ day PM 11:20-2:40

Middle School

7:10AM-1:50PM

½ day AM 7:10-10:45

½ day PM 10:45-1:50

High School

7:00AM-1:51PM

½ day 7:00-10:10

Roland Green

8:15AM-2:45PM

½ day AM 8:15-11:45

½ day PM 11:30-2:45

Kindergarten _____

Grade 1 _____

Grade 2 _____

Grade 3 _____

Grade 4 _____

Grade 5 _____

Grade 6 _____

Grade 7 _____

Grade 8 _____

Subject Areas:

PreK _____

Are you available every day? _____ Yes _____ No If No, please advise what **day(s) NOT** available:

Educational Background:

Graduate of: _____ High School in _____

City

State

College: _____ Yes, I have a college degree _____ No, I do not have a college degree

Yes: Name of College: _____

Degree: _____ Major: _____ Minor: _____

No: How many credit have you earned: _____

At which college /university: _____

Certification: I am certified by the _____ (State) Department of Education in the following areas _____

(If applicable, please include a copy of your teaching license or your license number): _____

Please list past teaching experience(s):

<i>Community</i>	<i>Dates of Employment</i>	<i>Grade(s) Taught</i>	<i>Subject(s) Taught</i>	<i>Types of Experience – Substitute, Student Teaching, Appointed Position</i>

Please return to:

*Mansfield Public Schools
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email: jodi.correia@mansfieldschools.com*

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