



South Adams Schools
Substitute Teaching Application

(8/8/97) 2021-22

Today's Date: _____

Name: _____

Telephone #: _____

Address: _____

Email Address: _____

High School Attended: _____

College Attended: _____

Degrees Earned: _____

MAJOR: _____

MINOR: _____

Emergency Contact Information – Name: _____ Telephone # _____

Do you have a high school diploma? YES NO State: _____ Date: _____

Do you hold a VALID Indiana Teaching License? YES NO Number: _____
Expiration Date: _____

Do you hold a VALID South Adams Substitute License? YES NO Number: _____
Expiration Date: _____

Do you hold a VALID Substitute License from another school? YES NO Which District: _____
Expiration Date: _____

Teaching/Substitute Teaching Experience (include school corporation, years, and subjects taught):

Experience Working with Children (daycare, cadet teaching, camp work, life guarding, private or public work, church youth work, scouts, 4-H, etc.):

Indicate here the areas/grade levels in which you are interested in substituting:

Indicate here the areas/grade levels in which you **DO NOT** want to substitute:

Indicate any days you would **NOT** be available:

How short of a time do you need from the time of notice to time to report for work?

How early in the morning may we call you when needed for a 7:45 a.m. assignment?

Note: Please complete reference information on back

References:

Personal references (please give two other than relatives):

<u>Name:</u>	<u>Title or Position</u>	<u>Complete Address & Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____

Professional references (please give two individuals other than relatives who are knowledgeable concerning your experience working with children)

<u>Name:</u>	<u>Title or Position</u>	<u>Complete Address & Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____