

2017-2018 SUBSTITUTE TEACHER APPLICATION

Personal Information: _____ Date: _____

Name: _____

Address: _____

Street
City
State
Zip

Telephone#:(_____) _____ Email: _____

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

<input type="checkbox"/> Robinson 8:45AM-3:30PM ½ day AM 8:45-12:00 ½ day PM 12:00-3:30	<input type="checkbox"/> Jordan/Jackson 7:50AM-2:40PM ½ day AM 7:50-11:20 ½ day PM 11:20-2:40	<input type="checkbox"/> Middle School 7:10AM-1:50PM ½ day AM 7:10-10:45 ½ day PM 10:45-1:50	<input type="checkbox"/> High School 7:00AM-1:51PM ½ day 7:00-10:10	<input type="checkbox"/> Roland Green 8:15AM-2:45PM ½ day AM 8:15-11:45 ½ day PM 11:30-2:45
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Kindergarten _____	Grade 3 _____	Grade 6 _____	Subject Areas: _____ _____ _____	PreK _____
Grade 1 _____	Grade 4 _____	Grade 7 _____		
Grade 2 _____	Grade 5 _____	Grade 8 _____		

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
Business Office, 2nd Floor
2 Park Row, Mansfield, MA 02048
email: jodi.correia@mansfieldschools.com**