



SUBSTITUTE APPLICATION

Please check all that you are interested in applying for: Teacher Janitor Cook

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Cell: _____

Email: _____ S.S. # _____

Education – Proof of Education is Required

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two references.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I hereby recommend the above named person be approved as a substitute in Dickenson County Public Schools.

Principal Signature: _____ Date: _____