

CLINTON PRAIRIE SCHOOL CORPORATION
4431 W Old State Rd 28
Frankfort IN 46041-7129

Substitute Teacher Application

Name _____ Date _____

Address _____

Telephone No. (____) _____ Social Security No. _____

Licensed in Indiana Yes _____ No _____

If yes, License No. _____, Expiration Date _____,

and Teaching Areas Covered by License

Teaching Experience (years) _____

EDUCATION

Name of High School	Location	Year Graduated
_____	_____	_____

College or University	Dates	Location	Major	Degree	Date
_____	_____	_____	_____	_____	_____

You will need to apply to the State of Indiana for a Substitute Teaching Certificate if you do not have a valid Indiana Teaching License.

Schools in which you would be willing to substitute:

_____ Clinton Prairie Elementary School K-6

_____ Clinton Prairie Jr.-Sr. High School 7-12

Grade or Subject Areas in which you wish to substitute: _____

EXPERIENCE

Name & Address of Company	Duties	Dates Worked	Reason for Leaving
Present or Last Employer		From To	
Next Previous		From To	
Next Previous		From To	

REFERENCES

These should be persons who know you personally--businessmen, employers, etc. Do not include your Doctor, Minister, Attorney, or relatives.

Name	Address	Occupation

Do you know anyone currently in our employ--friends, acquaintances or relatives?

Name	Address	Occupation

I understand that any false or misleading information on this application shall be fully sufficient grounds to refuse employment, and/or for termination.

Signature _____ Date _____