

NORTHEAST SCHOOL CORPORATION  
406 NORTH VINE STREET, P.O. BOX 493  
HYMERA, IN 47855

**SUBSTITUTE TEACHING APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

EMAIL: \_\_\_\_\_

D.O.B. \_\_\_\_\_

**LICENSE INFORMATION:**

Do you have a Teaching License? yes \_\_\_ no \_\_\_ TRF Retirement No: \_\_\_\_\_

Do you have a Substitute Teaching Certificate? yes \_\_\_ no \_\_\_

We will need a copy of your teaching license or a copy of your substitute teaching certificate

**HIGH SCHOOL INFORMATION:**

High school graduation year \_\_\_\_\_ Name of high school attended \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

**SUBSTITUTION:**

Please circle the school(s) you are willing to work at: NCHS NEMS NENE NEEE

Preference or limit of days \_\_\_\_\_