

NORTHEAST SCHOOL CORPORATION
620 NORTH WASHINGTON STREET
SHELburn, IN 47879

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 NENE NEEE

Preference or limit of days _____