



Please attach the following documents:

- Resume or Curriculum Vitae
- Applicable Transcripts
- Copy of 3 or 5 year Colorado Department of Education (CDE) substitute teaching license

I would be willing to substitute with:

_____ One month notice _____ One week notice _____ One day notice _____ Same day

The school may call / email me as early as _____ a.m. / p.m. at my home or cell number (please circle preference).

 First Name Middle Name Last Name Previously Used Names/Suffix

 Birth Date Social Security Number

Contact Information:

 Email Address Home Phone / Landline Cell Phone

 Street City State Zip Code

 Emergency Contact Name Relationship Best Phone Number

Professional References

 Name/Relationship Email Best Phone Number

 Name/Relationship Email Best Phone Number

By signing this form I agree to follow the guidelines for substitute teachers at Thomas MacLaren School. I also consent to a background check by staff at Thomas MacLaren School. I acknowledge that my term of service is for one school year, and may be renewed for subsequent years with consent of the Head of School.

 Signature Date