THOMAS MACLAREN SCHOOL

2018-2019
SUBSTITUTE TEACHER APPLICATION

Please attach the following documents:
- --Resume or Curriculum Vitae
- --Applicable Transcripts
- --Copy of 3 or 5 year CDE substitute teaching license

I am willing to substitute : _____ K-12 _____Upper School only (6-12) _____Lower School only (K-5)

I understand that I may be notified in advance of the need or the same day as the need arises.

The school may contact you as early as 6 a.m. Please circle your preferred contact method:

Text / Email / Phone Call

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*