

**CARBON CLIFF-BARSTOW #36**  
**EAGLE RIDGE SCHOOL**  
**Substitute Teacher Application**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street, City, State and Zip Code

Phone \_\_\_\_\_ Cell \_\_\_\_\_

May we utilize text to reach you? Y N

Date Registered with the Regional Office of Education \_\_\_\_\_

Certificate number \_\_\_\_\_ Endorsements \_\_\_\_\_

Additional Endorsements \_\_\_\_\_ IEIN# \_\_\_\_\_

Please indicate:

- Grades you are willing to teach Pre-K through 8th \_\_\_\_\_
- Days that you are **NOT** available \_\_\_\_\_
- What is the earliest time in the morning that we may contact you? \_\_\_\_\_ AM
- What is the latest time in the evening that we may contact you? \_\_\_\_\_ PM
- Would you be willing to sub for half days? Y N

If you would like to be added to our substitute teacher list please fill out this form and return it to Eagle Ridge School.

If this is the first year you will be subbing for Eagle Ridge you will need the following:

- A copy of your teaching certificate
- An official copy of your transcripts
- A recent copy of a physical (within 90 days)
- A criminal background check/fingerprint document from the Regional Office of Education, 3430 Avenue of the Cities, Moline, IL, 309-736-1111. Fingerprinting is done from 8:30-4:00.

**APPLICANT'S SIGNATURE**

Thank you,

\_\_\_\_\_

Date \_\_\_\_\_

Eagle Ridge School  
2002 Eagle Ridge Drive  
Silvis, IL 61282  
309-792-2002