



Middle Grove C-1 School District
Substitute Teacher Application

Name: _____

Address: _____

Telephone Number: _____ Social Security Number: _____

Email address: _____

Do you have a valid teaching certificate: Yes No

Area of Certification: _____

Are you presently receiving teacher retirement? Yes No

Type of degree or total semester hours: _____

Area of study: _____

Grade level preferred: _____

Have you ever been convicted of a felony or child abuse? Yes No

Offer of employment may be contingent upon a criminal records check. Permission granted to conduct a criminal records check given with my signature.

Signature: _____ Date: _____

A COPY OF YOUR COLLEGE TRANSCRIPT OR TEACHING CERTIFICATE MUST BE INCLUDED WITH THIS APPLICATION.