

St. Catherine Elementary School

Substitute Teachers - Information Form

Name _____ Date of Birth _____

Address _____

Home Phone Number _____ Cell Phone _____

Email Address _____

ND Teaching Certificate Number: _____ Type: _____

Dated: _____ Expires: _____

Educational Training: (Give College, dates attended - graduated, diploma-degree)

Experience: (Give place, number of years, type of work, etc.)

Grade Preference: (Indicate grade or grades, special areas - Music, PE, etc.)

Are you available for full days Monday – Friday? _____ (Yes) _____ (No)
(If you answered No, please indicate any days you are unavailable)

Signed _____ Date _____