



3000 Demington Ave NW
Canton, OH 44718

SUBSTITUTE TEACHING

Name: _____

Address: _____

Telephone (____) _____ Social Security No. _____

Other numbers where you can be reached: (____) _____, (____) _____

Email _____

Preferred contact method: _____

Please indicate the areas in which you would be willing to substitute. Certification in each area is *not* required.

- | | |
|---|---|
| <input type="checkbox"/> Preschool (ages 3-5) | <input type="checkbox"/> Science (JK-5) |
| <input type="checkbox"/> Primary Grades (K-2) | <input type="checkbox"/> Creative Movement (PK-8) |
| <input type="checkbox"/> Intermediate Grades (3-4) | <input type="checkbox"/> Physical Education (K-8) |
| <input type="checkbox"/> English (5-8) | <input type="checkbox"/> Music (K-8) |
| <input type="checkbox"/> Mathematics (5-8) | <input type="checkbox"/> Art (JK-8) |
| <input type="checkbox"/> Social Studies (5-8) | <input type="checkbox"/> Science (5-8) |
| <input type="checkbox"/> Foreign Language (English activities provided) | |

Are there any days or times you are *not* available?

How late at night may we call you? _____

How early in the morning may we call you? _____

Academic Background

College or University from which you graduated: _____

Year of Graduation: _____ Major/Minor _____

Please attach:

- An official transcript (the school can copy and return to you)
- Two professional references

Health and Safety

Have you been fingerprinted and approved by the Bureau of Criminal Investigation? Yes _ No _

Are you eligible to work in the United States? Yes _ No _

I certify that the above information is true.

Date

Signature