

Linwood Public Schools

Linwood, NJ 08221

(609) 926-6700



SUBSTITUTE TEACHING APPLICATION

Date _____

PLEASE PRINT OR TYPE

Name: _____
Last First Middle

Present Address: _____
Street and Number
City/Town State Zip Code

Phone Number: (Where you can be reached) _____

Cell Phone: _____ E-mail address: _____

Social Security Number: _____ Date of Birth: _____
(Optional)

EDUCATION

College/University Attended: _____

Year Graduated? _____ Degree: _____ Major: _____

Credits if still attending: _____

Graduate School: _____ Degree: _____ Credits: _____

N.J. Certificate(s) Held: _____

If Secondary, list subject field covered: _____

Present Salary: _____ Lowest Salary Acceptable: _____

Have you served in the Military Service? Yes _____ No _____

Have you ever been refused a contract? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain: _____

OVER

For Office Use Only:

Sub-Certificate _____ Criminal History Record _____

W4 Form _____

Regular Certificate _____ TB Mantoux _____

Immigration Form _____

Approved by BOE _____

Can you teach: Art _____ Music _____ Phys. Ed _____ Spanish _____ Shop _____

List activities you could sponsor: _____

EXPERIENCE

<u>Location</u>	<u>Dates</u>	<u>Grade or Subject</u>	<u>Salary</u>
1. _____			
2. _____			
3. _____			

REFERENCES

<u>Name</u>	<u>Position</u>	<u>Telephone Number</u>
Professional:		
1. _____		
2. _____		
3. _____		

Personal:		
1. _____		
2. _____		
3. _____		

THE LINWOOD BOARD OF EDUCATION RECOGNIZES ITS RESPONSIBILITY TO EQUAL EMPLOYMENT OPPORTUNITY REGARDLESS OF RACE, COLOR, CREED, RELIGION, SEX, ANCESTRY, NATIONAL ORIGIN AND SOCIAL OR ECONOMIC STATUS.

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION AND/OR RESUME WILL AUTOMATICALLY TERMINATE EMPLOYMENT.

Mail Application to: Mr. Brian M. Pruitt
Superintendent
51 Belhaven Avenue
Linwood, NJ 08221