THOMAS MACLAREN SCHOOL

2017-2018
SUBSTITUTE TEACHER APPLICATION

Please attach the following documents:

- Resume or Curriculum Vitae
- Applicable Transcripts
- Copy of 3 or 5 year Colorado Department of Education (CDE) substitute teaching license

I would be willing to substitute with:

_____ One month notice _____ One week notice _____ One day notice _____ Same day

The school may call / email me as early as _____ a.m. / p.m. at my home or cell number (please circle preference).

First Name | Middle Name | Last Name | Previously Used Names/Suffix

Birth Date | Social Security Number

Contact Information:

Email Address | Home Phone / Landline | Cell Phone

Street | City | State | Zip Code

Emergency Contact Name | Relationship | Best Phone Number

Professional References

Name/Relationship | Email | Best Phone Number

Name/Relationship | Email | Best Phone Number

By signing this form I agree to follow the guidelines for substitute teachers at Thomas MacLaren School. I also consent to a background check by staff at Thomas MacLaren School. I acknowledge that my term of service is for one school year, and may be renewed for subsequent years with consent of the Head of School.

Signature *Date*