

Swan River School
Substitute Information

Name _____ Date ____ / ____ / ____
 Last First Middle Initial

Address _____
 Street Address City State Zip
 PHONE # _____ CELL # _____

Are you a certified teacher? _____ If yes, then in what areas? _____

Areas you **are** willing to substitute in? _____

Areas you would **not** substitute in? _____

Experience in teaching: _____

How do you manage a classroom of students? _____

What would you do if a student challenged your authority? _____

Have you ever been convicted of a crime or had your driver's license revoked? _____

Have you ever applied for work under any other name? _____

Have you ever worked for this school in the past? _____ When? _____

Would you work full/part time? _____

Specify days/hours if you prefer part time: _____

Dates available to start work: _____

Applicant Signature

Date