

Chilhowee R-IV School District  
Substitute Application for Teaching

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you enrolled with DESE? If yes, list Educator ID # \_\_\_\_\_.

Check if you have given the office the following:

- Current Background Check
- Copy of Driver's License
- Copy of Social Security card

Days available to sub: (circle) Monday Tuesday Wednesday Thursday Friday

Are you a certified teacher? Yes No In what area/grades? \_\_\_\_\_

What grades do you prefer to work with? \_\_\_\_\_

Would you be willing to work with special needs or handicapped children? Yes No

Please list other schools you have/are substituted for.

1.

2.

3.

4.

