

Attica Consolidated School Corporation
205 E. Sycamore Street
Attica, Indiana 47918

SUBSTITUTE TEACHER APPLICATION

Date _____

Last Name First Name Middle and/or Maiden

Present Address City State Zip Telephone Number

Social Security Number _____ Grade Level _____

Days of the Week Available to Sub _____

Do You Have a Teacher's License? _____

Do You Have a Substitute Teacher's Certificate _____

If no, and you have 60 or more college hours, have you applied for a Substitute License? _____

EDUCATION	NAME OF SCHOOL	CIRCLE LAST YEAR COMPLETED	MAJOR
High School			
College			
Graduate Work			
PERSONAL REFERENCES: PLEASE LIST AT LEAST TWO REFERENCES			
Name	Address	Occupation	
1.			
2.			
WORK RELATED EXPERIENCE			

