Vaughn Public School

SUBSTITUTE APPLICATION FORM

Today's Date: _____

Name:	
Home Address Phone: E-Mail Address:	
Work Address Phone:	

CERTIFIED? YES NO

PROFESSIONAL PREPARATION: Highest Degree Earned: _____

INSTITUTION AND LOCATION	MAJOR/MINOR	DEGREE

SUMMARY OF EXPERIENCE: List all employment experience starting with the most recent. Please include both school and non-school experience.

Employer/Supervisor/Phone Number	POSITION	FROM/TO	Can We Contact? Yes/No

(Use extra sheet if necessary)

REFERENCES: Please list three people you believe have the best insight about your working ability; these people may be the same as above. At least one reference should be able to attest to your ability of working with children.

Name:	Work Phone:	Home Phone:	Working Relationship

Return completed application to: Vaughn Public School
P.O. Box 279
Vaughn, Mt 59487