



APPLICATION FOR SUBSTITUTE TEACHING

Return Application to: **Debbie Saunders**
Business Office Date: _____

Name: _____
Last Name First Name Middle

Address: _____

Email Address: _____

Telephone Number: _____
Home Cell

CERTIFICATION: Please Enclose Copy of Certificate(s)

NJ Teaching Certificate: _____
Subject(s)

Bergen County Substitute Teaching Certificate: _____
Date of Expiration

I have applied to the Bergen County Office of Education for a certificate: Yes _____ No _____

1. When would you be available to start at Northern Highlands? _____

2. Days you are not available to substitute _____

3. Subject(s) you are most qualified/interested in _____

4. Technology training/skills _____

5. Please list a reference we may contact:

Name: _____ Phone: _____

6. The information in this application is complete and accurate. I give you permission to verify this information. I understand that any misleading information may be just cause for dismissal.

Signature of Applicant

In compliance with A.D.A. guidelines, assistance is available to you in completing this application, should you need such assistance.

ACADEMIC RECORD

From	To	SCHOOL AND LOCATION	Degree	Credits	Date	Major
Mo. Yr	Mo. Yr		Rec'd.		Grad.	Field
		High School	X	X		X
		College/University				
		Graduate School				

TEACHING EXPERIENCE:

From	To	NAME OF SCHOOL	LOCATION
Mo. Yr	Mo. Yr		

NON-TEACHING EXPERIENCE:

From	To	EMPLOYER	LOCATION
Mo. Yr	Mo. Yr		