

ROCHESTER CATHOLIC SCHOOLS

SUBSTITUTE TEACHER APPLICATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ (Home) _____ (Work)

Parish/Church Affiliation: _____

PREFERENCES

SCHOOL (list YES if willing to work)

Grade(s) / Subject (s)

(K-8) Any School	_____	_____
(K-8) Holy Spirit	_____	_____
(P-8) St. Francis	_____	_____
(5-8) St. John	_____	_____
(P-4) St. Pius X	_____	_____
(9-12) Lourdes High School	_____	_____

PLEASE SEND A COPY OF YOUR TEACHING CERTIFICATE AND RESUME.

Please list the names and telephone numbers of 2-3 people and their relationship to you who can address your professional expertise.

Has your teaching contract ever failed to be renewed? _____

Have you ever been compelled to resign from a teaching position? _____

Have you ever been arrested for a crime other than a minor traffic violation? _____

If you answered "yes" to any of the above, please explain: _____

I attest that all information listed above is true and correct.

Signature Date