

Leicester Public Schools
Office of the Superintendent
1078 Main Street
Leicester, MA 01524

Application for Substitute Teacher

Name: _____ Telephone: _____ Date: _____

Address: _____

Teacher Certification: _____
(state and certification number)

Area of Certification: _____

Please check your preference:

_____ Grades 9-12, subject area preferred: _____

_____ Grades 6-8, subject area preferred: _____

_____ Grades 3-5

_____ Grades K-2

Educational Preparation: Associates degree *or* higher is required.

High School:

(name and location) (dates of attendance) (degree and year received)

College:

(name and location) (dates of attendance) (degree and year received)

Major Work Experience:

1. _____
(name and location of employer) (position/nature of work) (dates of service)

2. _____
(name and location of employer) (position/nature of work) (dates of service)

Experience working with children:

Please list any experience that you have working with children, including Scouting, Little League, volunteer, church, or school related experiences.

(experience) (location) (nature) (dates)

(experience) (location) (nature) (dates)