

**OFFICE OF THE SUPERINTENDENT
POINT PLEASANT SCHOOLS
2100 PANTHER PATH
POINT PLEASANT, NJ 08742**

APPLICATION FOR SUBSTITUTE TEACHING

Name: _____ Telephone: _____

Social Security Number: _____ Cell Phone: _____

Address: _____

EDUCATIONAL HISTORY

College: _____
(Name and Location)

Number of Credits: _____ Major Studies: _____

Degree Received: _____ Date Awarded: _____

List the New Jersey teaching certificate(s) that you hold:

Do you hold a County Substitute Certificate valid for this year: Yes: _____ No: _____

Expires: _____

SUBSTITUTE AND/OR REGULAR TEACHING EXPERIENCE

<u>School</u>	<u>Subjects/Grades</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

PROFESSIONAL REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

DATED: _____