

SUBSTITUTE INFORMATION FORM

**Please fill out this form in its entirety. If certain information does not pertain to you, please put N/A.

Full Name _____

Current Address _____

Main Phone # to be reached (_____) _____

Additional Phone # to be reached (_____) _____

Have you previously worked in education and/or with children? Yes No

If yes, please specify _____

Are you currently working? Yes No

If Yes, Full Time Part Time

Are you available 5 days a week? Yes No

If no, please list what days of the week you are available: _____

Please circle the grades in which you are willing to substitute.

LOWER (K4 – 3rd)

MIDDLE (4th – 6th)

UPPER (7th – 12th)

Do you have children/relatives who attend or work at PCA? Yes No

If yes, please specify _____

Applicant Signature _____ Date _____