

ALGONA COMMUNITY SCHOOL DISTRICT
DATA FOR SUBSTITUTE TEACHER

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

Teaching Experience: (Location, Position, Dates)

College Training: (School, Number of Hours, Degrees, Dates Earned)

License presently in force, if any (Class and date of expiration). Please attach copy of license.

If you have no active license, would you be willing to apply for a substitute license? Yes No

Please indicate at what grade level or department you would like to substitute.

Signature