



**Sprague School District**  
**25 Scotland Road ~ Baltic, Connecticut 06330**



**Sayles School**

Phone: 860.822.8264

Fax: 860.822.1347

**Substitute Teacher Application Form**

Prefix:  Miss  Ms.  Mrs.  Mr. Social Security #: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Have you been fingerprinted?  Yes  No

If Yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Select the days you are available as a substitute:  M  T  W  Th  F

Grade preference:  Pk  K  1  2  3  4  5  6  7  8

Subject preference: \_\_\_\_\_

Do you hold a valid Connecticut, or other state, teaching certificate?  Yes  No

If Yes, what state: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If No, are you a United States citizen either by birth or naturalization?  Yes  No

If No, name of highest institution attended: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

If you do not hold a degree, highest level completed: \_\_\_\_\_

**Please attach evidence of certificate status and/or graduation date.**

<b>Work Experience</b>			
<b>Company / School</b>	<b>Town / State</b>	<b>Position</b>	<b>To / From</b>

