

St. James Catholic School
20 S. Gordon St. Gouverneur NY 13642
Substitute Teacher Application

NAME: _____

PHONE NUMBER: _____

Please list additional numbers that you may be reached, such as, a cell phone.

EMAIL: _____

ADDRESS: _____

DEGREE OR TOTAL CREDIT HOURS OF COLLEGE LEVEL EDUCATION:

REFERENCES:	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

AVAILABILITY: Please check the days you are available to substitute.

Mon. ____ Tue. ____ Wed. ____ Thurs. ____ Fri. ____