

St. James Catholic School  
Substitute Teacher Application

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
(Please list any additional numbers at which you may be reached, such as a cell phone.)

Address \_\_\_\_\_

Certification Area (if applicable) \_\_\_\_\_  
(Please provide a copy of your certificate if not already on file.)

Degree or Total Hours of College Level Education \_\_\_\_\_

References:	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please check the days on which you are available to substitute.

Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

Available for: \_\_\_ Call ahead of time  
OR \_\_\_ Morning last minute sub needed - call as early as \_\_\_ a.m.

Substitute for: \_\_\_ Classroom teacher (any grade or list specific grades: \_\_\_\_\_)  
\_\_\_ Secretary  
\_\_\_ Lunch room (normally would serve sandwiches when Mrs. Maloy is out)

Substitute Pay as: \_\_\_ Tuition credit for the following school year  
OR \_\_\_ Paycheck

For Office Use: VIRTUS Trained \_\_\_\_\_ Background Check \_\_\_\_\_

