

**WINOOSKI SCHOOL DISTRICT
60 NORMAND ST.
WINOOSKI, VT 05404
PHONE: (802) 655-0485/FAX: (802) 655-7602
APPLICATION FOR SUBSTITUTE TEACHING**

Areas you are interested in substituting in? (Please check)

_____ JFK Elementary (PreK-5) _____ Winooski Middle School (6-8) _____ Winooski High School (9-12)
Specific Subjects or ALL

Name: _____ E-Mail: _____

Address: _____

Telephone: _____ Days Available to Sub: _____

Do you have any impairments, mental, physical or medical, which would interfere with your ability to perform the job for which you have applied? Yes _____ No _____ If yes, explain fully: _____

EDUCATION:

Name of College/Location	Dates Inclusive	Degree	Major

TEACHING EXPERIENCE:

Place	Dates Inclusive	Position	Reason for Leaving

Are you certified to teach? Yes _____ No _____

Endorsement Area: _____ State Issuing: _____ Valid Dates: _____

REFERENCES:

Name	Address	Phone #	Personal	Work

NOTICE: This district does not discriminate on the basis of race, religion, color, gender, sexual orientation, gender identity, national origin, disability, age, or other factors as required by law.

PRE-EMPLOYMENT STATEMENT: I voluntarily give Winooski School District the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability all persons, companies, or corporations supplying such information. I understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge.

Signature of Applicant: _____ Date: _____