WESTFORD PUBLIC SCHOOLS
23 DEPOT STREET
WESTFORD, MA 01886
Tel. 978-692-5560 Fax 978-392-4497

Substitute Teacher Application

Name: _____ Tel:_____ ☐
Address:_____ Cell:_____ ☐
Email: _____ *(please check best phone # to be contacted)*

Academic Preparation:

High School: _____ Date of Graduation_____
Undergraduate: _____ Date_____ Degree_____
Post Graduate: _____ Date_____ Degree_____

TEACHING EXPERIENCE	LEVEL	SUBJECTS	DATE

CIRCLE GRADES YOU PREFER

Pre-K K-2 3-5 6-8 9-12

For Middle and High Schools, Circle Preferred Subject Areas

English/Lang Arts Math Social Studies PE/Health/Wellness
Art Special Education General Music Business/Computers
Music: Strings, Band

Foreign Language (Which Language)_____ Sciences (Which Sciences)_____

Available Start Date: _____ Available Days: _____ Available Dates:_____

References:
Please, only include recent professional references.

Name: _____
Position: _____
Address: _____
Phone No:_____
Email: _____

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Email: _____

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Position: _____
Address: _____
Phone No:_____
Email: _____

Name:_____
Position: _____
Address: _____
Phone No:_____
Email: _____

Applicant Signature: _____ Date:_____

Interviewer'sComments:_____

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