



Guardian Angels Central Catholic

SUBSTITUTE TEACHING APPLICATION

INFORMATION

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

CERTIFICATION

Current Nebraska Teaching Certificate Number: _____

Type: Circle One Regular State Substitute Local Substitute

Issuance Date: _____ Expiration Date: _____

Areas of Specialization: _____

A copy of registered NE teaching certificate (both sides) must accompany this application

Verification of Completion of Respecting All God's People – Safe Environment Training

Date: _____

Location: _____

PREFERENCES, AVAILABILITY

Are you interested in doing long term subbing? (10 consecutive days or more) Yes No

Would you prefer to do single day subbing only? Yes No

Indicate days you would be available to substitute: Mon. Tue. Wed. Thurs. Fri.

Grade Level Preferences: Pre- 2nd 3rd-6th Middle School 7-8 High School 9-12

Circle if endorsed to teach any of the following: Art Music Physical Education Library Steam

Indicate Secondary Subject Areas of Specialization: _____

Signature

Date

Please return completed application to: ppeatrowsky@gaccbluejays.org