

MELROSE PUBLIC SCHOOLS

360 Lynn Fells Parkway

Melrose, MA 02176

APPLICATION FOR SUBSTITUTE TEACHER

Date \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Mobile Number (\_\_\_\_) \_\_\_\_\_

High School Attended: \_\_\_\_\_

College Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Are you currently a college student seeking temporary employment? \_\_\_\_\_

If yes, what days/dates are you available? \_\_\_\_\_

References: Teachers of experience should have at least 5 and include names of Superintendents and principals under whom you have taught. Teachers without experience, include at least 3 references. (Use the back of this form for additional references).

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Name	Address	Telephone Number
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Name	Address	Telephone Number
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Graduate study: \_\_\_\_\_

Credits beyond Bachelor's Degree: \_\_\_\_\_

Are you certified in MA? \_\_\_\_\_ If yes, MA Teaching Certificate No.: \_\_\_\_\_

GRADE(S) you wish to teach: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved and Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN SIGNED COMPLETED FORM TO:

Annette Whittier  
Central Administration  
360 Lynn Fells Parkway  
Melrose, MA 02176