

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

BLOOMINGDALE BOARD OF EDUCATION
225 Glenwild Avenue
Bloomingtondale, N.J. 07403

SUBSTITUTE TEACHER APPLICATION FORM

Name _____ Date _____
(Last) (First) (Middle Initial)

Address _____ Phone # _____

(City) (State) (Zip)

Criteria for Consideration for Substitute Applicants

1. Evidence of eligibility.
2. Completion of a personal interview.

SUBJECT OR GRADE LEVEL CERTIFIED TO TEACH

Elementary _____

Secondary _____

Certificate (title) _____

If you do not have New Jersey Certification, it will be necessary for us to apply for a County Substitute Certificate for you.

Please list grades and subjects that you feel qualified to teach _____

PROFESSIONAL PREPARATION

High School and Colleges Attended: Name and Location	Dates Attended	Date of Graduation	Degree

Major Field _____ Minor Field _____

TEACHING EXPERIENCE AND STUDENT TEACHING

	School and Address	Grade/Subject	Dates of Service
Student Teaching	1.		
Teaching Experience	1.		
	2.		
Experience with Children	1.		
	2.		

REFERENCES FOR TEACHING ABILITY/OR PERSONAL REFERENCES

Name and Telephone Number	Address	Position
1.		
2.		
3.		

Please write a brief statement highlighting your general educational philosophy:

Signature of Applicant

Date: _____

Interviewed by: _____