



LEADERSHIP PREP SCHOOL

# SUBSTITUTE APPLICATION

Legal Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Maiden/Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License State \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contact Information:**

Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Work History:**

Are you a certified teacher? \_\_\_\_\_

Do you have any substitute experience? \_\_\_\_\_

What areas/grades have you subbed in previously? \_\_\_\_\_

**Placement Preferences:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> K – 2 <sup>nd</sup>                | <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Computers     |
| <input type="checkbox"/> 3 <sup>rd</sup> – 4 <sup>th</sup>  | <input type="checkbox"/> Music        | <input type="checkbox"/> Nurse         |
| <input type="checkbox"/> 5 <sup>th</sup> – 8 <sup>th</sup>  | <input type="checkbox"/> Art          | <input type="checkbox"/> Front Office  |
| <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> | <input type="checkbox"/> P.E.         | <input type="checkbox"/> No Preference |

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This Section is for Internal Processing Only  
DCS \_\_\_\_\_ SBEC \_\_\_\_\_ DPS \_\_\_\_\_