

**St. Joseph Catholic School
Substitute Application**

Date _____

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone Number _____

List college(s) attended, stating with the most recent.

School	Major(s)	Minor(s)	Degree Earned

Area(s) and Grade Level(s) Certified to Teach _____

Grade Level(s) you are willing to substitute for _____

Specialist you are willing to substitute for _____
(PE, Music, Spanish, Classroom Aid, Office/Clerical)

Teaching Experience _____

Clerical Experience _____

Are there days that you are unavailable to sub? _____

Do you need to be notified in advance or can you substitute on short notice? _____

Please return this application along with your resume and cover letter to:

**St. Joseph Catholic School
41 E. 1st Street
Waconia, MN 55387**