

Johannesburg-Lewiston Area Schools

Name _____
Last First Middle

Address _____

Phone Number _____ Email _____

I am interested in: _____ Substitute Teaching _____ Substitute Aide _____ Cafeteria

Education

College(s)/University(s) Attended: _____

Credit Hours Earned to Date _____ (Minimum 90 hours required for teaching)

Degrees/Certificates/Licenses

List all degrees, certificates, and/or licenses, you currently hold (including any endorsements) as well as the issuing agency, the date of issuance, and the date of expiration.

Degree/Certificate/License	Issued by	Date of Issuance	Date of Expiration
Previous Employer	Address	Supervisor	Phone Number