

SHERRARD COMMUNITY UNIT SCHOOL DISTRICT NO. 200

P. O. BOX 369

SHERRARD, ILLINOIS 61281

SUBSTITUTE TEACHER

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____

ILLINOIS CERTIFICATE NUMBER _____ SOC. SEC. NO. _____

CERTIFIED TO TEACH:

GRADE LEVEL K-6 _____

OTHER (SPECIFY) _____

JR. HIGH _____

MAJOR _____

SR. HIGH _____

MINOR _____

AVAILABLE TO WORK ON THE FOLLOWING DAYS:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

LOCATION THAT I AM WILLING TO WORK AT:

JR./SR. HIGH (7-12) _____

SHERRARD GRADE (K-4) _____

WINOLA GRADE (Pre-K-4) _____

MATHERVILLE (5-6) _____

SEEKING FULL TIME EMPLOYMENT

_____ YES

_____ NO

SIGNATURE

DATE