

**ABSECON PUBLIC SCHOOLS
ABSECON, NEW JERSEY**

APPLICATION FOR SUBSTITUTE CLASSROOM TEACHER

NAME _____ DATE _____

ADDRESS _____ TELEPHONE _____

_____ DATE OF BIRTH _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

Do you have a teaching certificate from the State of New Jersey? YES _____ NO _____

Type of Certificate _____

(If you do not have a teaching certificate from the New Jersey Department of Education, it will be necessary for you to apply for a substitute teaching certificate through the county superintendent's office.)

E-mail: _____

EDUCATION

College _____ From/To _____

Degree _____ Field _____

Other Education _____

If no degree, give total number of college credits? _____

TEACHING EXPERIENCE

School	City/State	Dates	Grade

Grades in which you would be willing to substitute: (Please circle)

Kdg 1 2 3 4 5 6 7 8 Special Education Music Art Physical Education

I will be available for substitute teaching as follows:

Return to: Office of the Superintendent
Absecon Public Schools
800 Irelan Avenue
Absecon, NJ 08201