

# JAL PUBLIC SCHOOLS

P.O. BOX 1386

JAL, NM 88252

PHONE (575) 395-2101 FAX (575) 395-2146

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## Application for Substitute Teacher

This application for employment will be inactive after 90 days.

If you want to be considered after that time, you must complete a new application for employment.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Mailing City State

### **EDUCATIONAL AND PROFESSIONAL TRAINING**

	<u>NAME AND ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED</u>	<u>MAJOR/MINOR</u>	<u>CREDITS RECEIVED</u>
High School				
College/University				
College/University				
Other				

### **EXPERIENCE**

Name of School or Institution      Address      Date Employed      Number of Months      Grade or Subject

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