

**APPLICATION FOR SUBSTITUTE-TEACHING
LOCKWOOD R-1 PUBLIC SCHOOL**

PERSONAL

Name _____ Date _____

Present Address _____

Social Security # _____ Telephone _____

Date of Birth _____ Telephone _____

EDUCATION & PROFESSIONAL

School	Years	Degree	Major/Minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours _____ Total Graduate Hours _____ Total Hours Education _____

Do you have a Missouri Teaching Certificate? _____

TEACHING EXPERIENCE

School System	Address	Years	Area of Teaching
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Return to: Superintendent of Schools
400 West 4th Street
Lockwood, MO 65682
(417) 232-4513**