

Wheaton R-III School District  
PO Box 249, 116 McCall Street  
Wheaton Missouri 64874

Application for Substitute Teaching Position

Date \_\_\_\_\_

**This is required for application of a Missouri State Substitute Teacher Certification**

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Birthday \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Total number of college hours completed \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip Code

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Do you have a Missouri Teaching Certificate \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you an active member of PSRS/PEERS \_\_\_\_\_ Yes \_\_\_\_\_ No

Missouri Retirement System Number \_\_\_\_\_

In what grade(s) are you willing to substitute \_\_\_\_\_

What day(s) of the week are you available \_\_\_\_\_

List any prior teaching experience

School District	City	State	School Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no prior teaching experience, list names and phone numbers of two references

\_\_\_\_\_  
\_\_\_\_\_

Additional information or comments

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_