

CLOUDCROFT SCHOOLS
SUBSTITUTE TEACHER APPLICATION

Name _____ Home Phone _____

Mailing Address/Box # _____ Cell Phone _____

City/State/Zip _____ Date of Birth _____

Email Address _____ SSN _____

Ethnicity (circle one) Caucasian Hispanic/Latino African American
American Indian Asian Pacific Islander

License # _____ Sub / Teacher Issued _____ Expires _____

Grade Interest (check areas)

Elementary (K-5) _____ Middle School _____ High School _____

Cafeteria _____ Custodial _____ Maintenance _____

Education

Year of High School Graduation _____

College(s) attended _____ Degree(s) _____

Brief description of experience(s) in a related area/field

Employment Eligibility Verification

Federal Forms (mandatory)

_____ I-9 Form _____ W4 Form _____ Background Check

_____ Passport OR _____ SS Card OR _____ Driver's License & Birth Certificate

School Forms (mandatory)

_____ Emergency Contact _____ Technology Use

_____ Health Insurance _____ Direct Deposit Form

References (local, if possible)

Name

Address

Phone

Please return this application to:

Cloudcroft Municipal Schools
10 Swallow Place
Cloudcroft, NM 88317

If you have any questions, please call the
Administration Office at 575-601-4416