



DIOCESE OF VENICE IN FLORIDA

Department of Education

**DIOCESE OF VENICE
APPLICATION FOR SUBSTITUTE TEACHING**

PERSONAL INFORMATION (Please print or type):

NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NUMBER: _____ EMAIL ADDRESS: _____

RELIGIOUS AFFILIATION: _____ PARISH: _____

PREVIOUS TEACHING EXPERIENCE: _____

PRESENT POSITION OR STATUS: _____

CERTIFICATION:

DO YOU HAVE FLORIDA CERTIFICATION? _____ YES _____ NO IF YES:

TYPE: _____ LICENSED AREA: _____

DEGREE/MAJOR: _____ EXPIRATION DATE: _____

TEACHING AVAILABILITY:

AVAILABLE: Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____

AVAILABLE MONTHS: _____

GRADE(S) PREFERENCE: _____ SUBJECT(S) PREFERENCE: _____

GEOGRAPHIC PREFERENCE: _____

OTHER INFORMATION: _____

SUBSTITUTE TEACHER PAY

\$60.00 - \$75.00, Depending on School