



**SUBSTITUTE APPLICATION
AND INFORMATION
ST. MARY'S EPISCOPAL SCHOOL**

NAME: _____

DATE SUBMITTING APPLICATION: _____

ADDRESS: _____

PHONE #: _____

SS # _____

(for background check & payment information)

I am unable to work on the following days/times:

Signature and Date:

**Please attach copy of past teaching certificate (if available),
resume and/or current background check.**