

OAKLAND BORO SCHOOL DISTRICT
OAKLAND, NEW JERSEY

DATE: _____
SOCIAL SECURITY NUMBER: _____
NAME: _____
ADDRESS: _____
TELEPHONE NUMBER(S):
 MAIN NUMBER: _____
 CELL NUMBER: _____

EDUCATIONAL BACKGROUND:

1) _____ 2) _____
 Highest Degree Earned College Attended and Year Graduated

3) _____ 4) _____ 5) _____
 Major Degree Amount of Credits

CERTIFICATE STATUS:

1) Do you hold a Bergen County Substitute Teaching Certificate? _____
 Expiration Date: _____
 Have you renewed this certificate for the year through another school district? _____
 If so, name of school district: _____

2) Do you hold a New Jersey Teaching Certificate other than a Bergen County Substitute Certificate? _____
 If so, please specify: _____

DATE ISSUED OR RECORDED AND COUNTY: _____

REQUIREMENTS OF SUBSTITUTE TEACHERS

- **Substitute Teacher Application on Applitrack**
- **Official College Transcript of 60 Credits of more**
- **Mantoux Intradermal Tuberculin Test done every 3 years**
- **Teaching Certificate or County Substitute Certificate**
- **Oath of Allegiance**
- **School Employee Criminal History Review**
- **Employment Eligibility Verification**

APPLICANT'S NAME: _____

APPLICANT IS AVAILABLE ON:

Monday_____Tuesday_____Wednesday_____Thursday_____Friday_____

DESIRE TO SUBSTITUTE:

ELEMENTARY Grades Pre-K-Kindergarten_____

ELEMENTARY Grades 1-5 _____

MIDDLE SCHOOL Grades 6-8 _____

REFERENCES

Give a minimum of **FIVE** references, at least **FOUR** of which should be persons familiar with your academic or professional background and **ONE** character reference. Please include present employers (e.g., superintendents, principal, department chairman, subject supervisor.) **If you do not wish to have your present employer contacted, please let us know.**

FULL NAME (MR., MRS., MS., DR.)	ADDRESS (GIVE STREET, CITY, STATE, ZIP)	TITLE
1.		
2.		
3.		
4.		
5.		