

Substitute Teacher

Name: _____ Phone: _____
Email: _____ Address: _____

Professional Summary

Certifications & Licensure

Education

Degree: _____ Major: _____
School: _____ Year: _____

Degree: _____ Major: _____
School: _____ Year: _____

Teaching Experience

School: _____
Location: _____
Dates: _____

- _____
- _____

School: _____
Location: _____
Dates: _____

- _____
- _____

Skills

- _____
- _____
- _____

References

Available upon request