

**SUBSTITUTE TEACHER/SUBSTITUTE PARAPROFESSIONAL
APPLICATION**

WEST CENTRAL ILLINOIS SPECIAL EDUCATION COOPERATIVE

Position(s) for which you are applying:

Substitute Teacher

Substitute Paraprofessional

Both

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email Address:** _____

IEIN Number: _____

I have a **Substitute Teacher License** **Paraprofessional License**
(You may sub as a paraprofessional with a substitute teacher license)

I am willing to sub at:

Bridgeway MD, Macomb

Bushnell MD, Bushnell

Carthage MD, Carthage

Illini West MD, Carthage

New Horizons ED, Lewistown

Project Insight ED, Macomb

Rushville ED, Rushville

SPARKS MD, Canton

Warsaw ED, Warsaw

How early may we call you in the morning? _____

How late may we call you at night? _____

Best number to reach you: _____

Have you ever been convicted of a crime other than a minor traffic violation? If so, state the offense for which you were convicted, date the conviction was rendered, and the sentence imposed. **Yes** **No**

Signature: _____ **Date:** _____