

**AVON ELEMENTARY SCHOOL
505 LINCOLN AVENUE
AVON-BY-THE-SEA, NEW JERSEY 07717
www.avonschool.com
732-775-4328 – FAX 732-775-0761**

School Processing Hours: 9:30 a.m. to 11:30 a.m.

NAME: _____ **Date:** _____

Address: _____ **Phone:** _____

E-mail: _____ **Social Security #** _____

College/ University Attended: _____ **Degree** _____ **Total Credits** _____

Undergraduate Major: _____ **Total Semester Hours** _____

Certification(s): (Please specify Elementary, Secondary, Art, Special Education etc).

Date Issued: _____ **Date Recorded** _____

County Recorded: _____

If you do not have teaching degree, do you hold a substitute's certificate?
IF SO, PLEASE PROVIDE COPY OF SUBSTITUTE CERTIFICATE

Days of Week Available to Substitute

<u>Please list 3 references:</u>	<u>Please list other districts you substitute in:</u>
_____	_____
_____	_____
_____	_____

PLEASE ATTACH YOUR MOST RECENT RESUME AND MANTOUX RESULTS

