

**SCHOOL ADMINISTRATIVE DISTRICT NO. 29
HOULTON-HAMMOND-LITTLETON-MONTICELLO**

OFFICE OF THE SUPERINTENDENT OF SCHOOLS
P.O. BOX 190
HOULTON, MAINE
04730

TEL (207) 532-6555

APPLICATION FOR SUBSTITUTE TEACHING POSITIONS

MSAD #29 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date _____

Name: _____ Social Security No. _____ - _____ - _____

Address _____

_____ Phone _____

EDUCATION: Transcripts, including grades, from all college(s)/university(s) attended must be provided. It is essential that this section be completed accurately.

College/University Attended	Degree Awarded (if any)	# of Yrs. Attended	Grade Point Average
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION: List certification(s) you hold and provide copies of certification.

Type	State	Date Issued	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE: please list previous teaching/substituting experience. Please attach a copy of your resume.

Grade/Subject	Position	Employer	Dates (from/to)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AREAS OF INTEREST:

Please indicate grade level(s) at which you are interested in substituting:

K-2 _____ 3-5 _____ 6-8 _____ 9-12 _____ Special Education _____

If you are interested in substituting at the elementary level and have a specialty area, please circle the area(s)

Art _____ Music _____ Physical Education _____ Other _____

REFERENCES:

Number	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

SIGNATURE:

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that MSAD #29 contacts in connection with my employment application to fully provide MSAD #29 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against MSAD #29, its agents and officials, or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Date

Signature

Application For Substitute Teaching Position Check List: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- _____ Application form fully completed
- _____ Copies of transcript(s)
- _____ Copy of Maine certification(s)
- _____ Copy of Resume
- _____ YES to any of the questions in the Background section explained
- _____ Application signed

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE (SCHOOL UNIT). NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.