

SACOPEE VALLEY SCHOOL DISTRICT
M.S.A.D. #55

137 South Hiram Road
Hiram, ME 04041

Baldwin – Cornish – Hiram – Parsonsfield – Porter
Telephone: (207) 625-2490

APPLICATION FOR **SUBSTITUTE TEACHING** POSITION

M.S.A.D. No. 55 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date _____
Name _____
Address _____
_____ Phone _____

EDUCATION: Starting with high school, list any schools or colleges you may have attended.

School Attended	Address	No. of Yrs Attended	Graduated/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you completed the Substitute Training Course? _____ Yes _____ No

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 you resume.

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

Have you had any experience working in Day Care/Summer Camp or other child related activities?

_____ Yes _____ No

If so list:

AREAS OF INTEREST:

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

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

2. 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 _____

3. If you are interested in substituting at the junior high or high school level, please indicate the specific subject areas:

REFERENCES: Please provide three references who are not related to you who are familiar with your work as a teacher, substitute or who know of your experience working with youth.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes ___ No ___

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes ___ No ___

Has your contract in a prior position ever been non-renewed? Yes ___ No ___

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ___ No ___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes ___ No ___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ___ No ___

If you have answered YES to any of the previous questions, provide full details below including, with respect to court actions, the date offense in question, and the address of the court involved. Attach additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

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 the M.S.A.D. #55 contacts in connection with employment application to fully provide the M.S.A.D. #55 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 the M.S.A.D. #55 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.

Signature/Date

APPLICATION FOR SUBSTITUTE TEACHING POSITION CHECK LIST: The completed employment application can not 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 M.S.A.D. #55. 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.

NOTE: EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATE STATUTE.