

M.S.A.D. #20
Superintendent of Schools
28 High School Drive
Suite B
Fort Fairfield, Maine 04742
(207) 473-4455

APPLICATION FOR SUBSTITUTE TEACHING POSITION

THE M.S.A.D. #20 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: 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)	No. 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:

1. Please indicate grade levels(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 _____

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. #20 contacts in connection with my employment application to fully provide the M.S.A.D. #20 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. #20 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 cannot be evaluated unless all of the following materials have been provided:

- | | |
|--|---|
| <input type="checkbox"/> Application form fully completed | <u>All information must be completed prior to employment in M.S.A.D. #20</u> |
| <input type="checkbox"/> Copies of Transcript(s) | |
| <input type="checkbox"/> Copy of Maine Certification(s) | |
| <input type="checkbox"/> Copy of resume | |
| <input type="checkbox"/> YES to any of the questions in the Background section explained | |
| <input type="checkbox"/> Application signed | |

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE M.S.A.D. #20. 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.