

MSAD #70
AMITY, CARY PLANTATION, HAYNESVILLE, HODGDON, LINNEUS, LUDLOW, NEW LIMERICK
175 HODGDON MILLS ROAD, HODGDON, ME 04730
(207) 532-3015

APPLICATION FOR SUBSTITUTE TEACHING POSITION

MSAD #70 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) | # of Years 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 _____

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:

YES NO

| | YES | NO |
|--|-----|----|
| Have you ever been disciplined, discharged, or asked to resign from a prior position? | | |
| Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? | | |
| Has your contract in a prior position ever been non-renewed? | | |
| Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? | | |
| Have you ever been charged with or investigated for sexual abuse or harassment of another person? | | |
| Have you ever been convicted of a crime (other than a minor traffic offense)? | | |
| Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? | | |
| 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? | | |
| 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)? | | |

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 MSAD #70 contacts in connection with my employment application to fully provide MSAD #70 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 #70 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:

- 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 MSAD #70 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.