

ATKINSON

BROWNVILLE



MILO

LAGRANGE

**SCHOOL ADMINISTRATIVE DISTRICT # 41**

Office of the Superintendent  
37 West Main Street  
Milo, Maine 04463  
Telephone 943-7317

**SUBSTITUTE TEACHING APPLICATION**

**M.S.A.D. #41 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.**

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ When will you be available? \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Permanent Address: \_\_\_\_\_

**EDUCATION:** Starting with high school. College transcripts, including grades, from all college(s) university(s) attended must be provided. It is essential that this section be completed accurately.

<u>Name of School</u>	<u>State</u>	<u>No. of Years Attended</u>	<u>Grade Point Average</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Type</u>	<u>State</u>	<u>Date Issued</u>	<u>Date of Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXPERIENCE:** Please list previous teaching/substituting experience. Please attach a copy of your résumé.

<u>Grade/Subject</u>	<u>Position</u>	<u>Employer</u>	<u>Dates (from/to)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 M.S.A.D. #41 contacts in connection with my employment application to fully provide M.S.A.D. #41 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 M.S.A.D. #41, 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 PERSONNEL CHECK LIST:**

The completed employment application cannot be evaluated unless all of the following materials have been provided:

- \_\_\_\_\_ Application form fully completed
- \_\_\_\_\_ Gaps in employment during the past ten years explained
- \_\_\_\_\_ **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. #41. 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.