

MAINE SCHOOL ADMINISTRATIVE DISTRICT 36
 9 CEDAR STREET
 LIVERMORE FALLS, MAINE 04254
 (207) 897-6722
 FAX (207) 897-2362

APPLICATION FOR SUBSTITUTE TEACHING POSITION

MSAD 36 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 _____

ARE YOU RETIRED AND DRAWING FROM MSRS? YES _____ NO _____

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 Ave.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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 Ed _____
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 middle school 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	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? Yes ___ No ___
- Has your contract in a prior position ever been non-renewed? Yes ___ No ___
- Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? 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___

Has any court ever deferred, filed 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 MSAD 36 contacts in connection with my employment application to fully provide MSAD 36 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 36 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 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)
 - Resume
 - Gaps in employment during the past ten years explained
 - Illustration of your philosophy of teaching
 - YES to any of the questions in the Background section explained
 - Three letters of reference
 - Application signed
 - FINGERPRINTING DONE
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Note: All application materials become the property of MSAD 36. 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.