

MILLINOCKET SCHOOL DEPARTMENT
P.O. Box 30
Millinocket, Maine 04462
(207) 723-6400
(207) 447-6599 - Fax

APPLICATION FOR SUBSTITUTE TEACHING POSITION

THE MILLINOCKET SCHOOL DEPARTMENT DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Name _____ Date _____

Address _____ Email Address: _____

_____ Telephone Number (s): _____

EDUCATION: Transcripts, including grades, from all colleges(s)/university(s) attended must be provided. It is essential that this section be completed accurately.

| <u>College/University Attended</u> | <u>Degree Awarded (if any)</u> | <u>No. of Yrs. 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> |
|-------------|--------------|--------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| <u>EMPLOYER</u> | <u>POSITION & DUTIES</u> | <u>DATES EMPLOYED</u> |
|-----------------|------------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

AREAS OF INTEREST:

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

K-6 ___ 7-12 ___ Special Education ___ Tutoring ___

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 Millinocket School Department contacts in connection with my employment application to fully provide the Millinocket School Department 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 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 CHECKLIST: The complete 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
 - Fingerprinting application turned in and in progress
 - YES to any of the questions in the Background section explained
 - Application signed
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NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE MILLINOCKET SCHOOL DEPARTMENT. 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.

Principal(s)' signature:

BACKGROUND CHECK WAIVER

It is the policy of the Millinocket School Department to conduct criminal background checks on all potential employees. Employment with the Millinocket School Department is contingent on the results of such checks. In order to conduct the check, a birthdate is required. Please provide us with your birthdate, sign the waiver, and return it to us in the enclosed envelope.

Full Name: _____ Birthdate: _____

Any Other Name Used (including maiden name): _____

I understand that the above information I have voluntarily provided will be used solely for the purpose of a background check. It will not be used for any other reason until such time as I become a Millinocket School Department employee. If you wish to challenge this, you will be directed to the State Bureau of Investigation at (207) 624-7240 to exercise your "Right to Access and Review" of your criminal history as outlined in Title 16 §620.

Signature

Date