

**AOS #77, SUNRISE COUNTY SCHOOL SYSTEM
P O BOX 190
EASTPORT, ME 04631
(207) 853-2567**

APPLICATION FOR SUBSTITUTE POSITION

AOS #77 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Please check the town(s) where you would like to sub:

Date _____ Alexander _____ Lubec _____
 Name _____ Charlotte _____ Pembroke _____
 _____ Eastport _____ Perry _____

Address _____ Phone _____

EDUCATION: Transcripts, including grades, from any college/university 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:

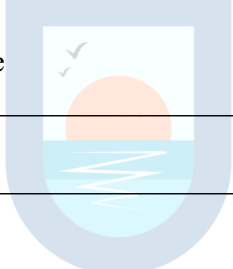
K-2 _____ 3-5 _____ 6-8 _____ 9-12 _____ Special Education _____

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 _____

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:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes ___ No ___

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes ___ No ___

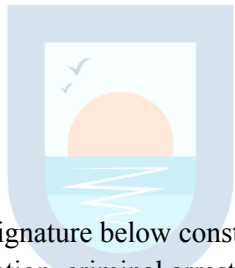
Has your contract in a prior position ever been non-renewed? Yes ___ No ___

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 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? 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.

SIGNATURE:



AOS 77
Sunrise County
SCHOOL SYSTEM

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, including but not limited to permitted disclosures from the Department of Education pursuant to 20-A M.R.S. § 13025. I further authorize those persons, agencies or entities that AOS #77 contacts in connection with my employment application to fully provide AOS #77 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 AOS #77 its agents and officials or against any provider of such information.

I understand that information submitted with and in support of 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. I further understand that truthfulness is required and hereby represent that all the information I have provided is true, complete, and accurate to the best of my ability.

Signature

Printed Name

Date

APPLICATION FOR SUBSTITUTE TEACHING POSITION CHECKLIST: 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)/Fingerprint Approval
- _____ Copy of resume
- _____ YES to any of the questions in the Background section explained
- _____ Application signed

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF AOS #77. 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.

Updated 11/8/21
Sub Application 07/13

