

SOUTH HADLEY PUBLIC SCHOOLS
 South Hadley, Massachusetts
An Equal Opportunity Employer

SUBSTITUTE APPLICATION

Please print or type Date _____

Social Security Number _____

Name _____
Last First Middle

Address _____ Home Phone _____

_____ Work Phone _____
 I may be contacted At work () At home ()

E-mail Address: _____

Position applied for: _____
 (Teacher/Paraprofessional, Grade Level/School, Times Available)

Employment History

Dates Employed From To	Employer	Position	Supervisor	Telephone

Other Relevant Work Experience and Achievements

Academic and Professional Training

College/University & Location	Major/Minor Areas	Degree Granted	Year

Certification and Contractual Status

Do you currently hold certification (or licensure) as in the Commonwealth of Massachusetts for the position for which you are applying? Yes (___) No (___)

Professional, Civic and Community Affiliations

References

Please list below the names, addresses, and telephone numbers of five persons who have knowledge of your professional competence and character.

Name	Relationship	Address	Telephone

Do we have permission to contact these persons? Yes (___) No (___)

Applicant's Release

I hereby verify that the facts set forth on this application are true and complete to the best of my knowledge. I understand that any omission, false or misleading information, or misrepresentation may result in denial of employment or dismissal from employment. I grant permission for the District or its agent to contact previous employers and references to verify any statement made on this application and to release from liability those who furnish such information. I further understand that, should I become a finalist for the position, the selection process requires a signed release to permit the South Hadley Public Schools to conduct a criminal records check for conviction information only, and that it will not necessarily disqualify me for consideration for employment.

Applicant Signature _____ **Date**

All programs, activities and employment opportunities are offered without regard to race, color, sex, religion, national origin, sexual orientation and disability.

Si usted necesita alguna adaptacion o asistencia especial debido a algun tipo de minusvalia, por favor llame al telefono 413-538-5072 (fax para personas con deficiencias auditivas 413-532-6284.

