

Durham School Department
19 Gartley Street
Lisbon, ME 04250
TEL: 207-353-6711 FAX: 207-353-3032

APPLICATION FOR SUBSTITUTE TEACHING POSITION

Lisbon School Department does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

PERSONAL INFORMATION

Name _____
last first middle Social Security Number

Address _____ Phone _____
street city state zip

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

PLEASE NOTE: The Lisbon School Department requires a high school diploma or GED for all positions.

College/University Attended	Degree Award (if any)	No. of Yrs. Attended	Grade Point Average
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Type	State	Date issued	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE: (Please list previous teaching/substitute experience. Please attach a copy of your resume.)

Grade/Subject	Position	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 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:

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 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 ___

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 ___

Has any court ever deferred, filed or 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 on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

REFERENCES (List three, two of whom are most recent supervisors, who can comment on your ability and

whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

Name	Position	Address	Telephone
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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 Lisbon School Department contacts in connection with my employment application to fully provide Lisbon 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 interference with contractual relations that I might otherwise have against Lisbon School Department, its agents and officials, Maine School Management Association, 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.

Date

Signature

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF LISBON 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.

Lisbon School Department is an Equal Opportunity Employer.

FOR OFFICE USE:

APPLICATION FOR SUBSTITUTE TEACHING POSITION CHECK LIST: 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)
- _____ Resume
- _____ YES to any of the questions in the Background section explained
- _____ Application signed