Hampton School District School Administrative Unit 90

6 Marston Way, Hampton, NH 03842 Phone 603-926-4560 - Fax 603-926-5070

Substitute Application (Please read carefully)

NOTE: A minimum of a BA/BS is required in order to substitute in Hampton School District as a Teacher. For Nurse substitute, a NH License is required. Resume, copies of transcripts, NH Certification - if certified, or NH License (Nurse) are acceptable and MUST accompany this application when submitted to this office. NOTE: Teacher Aide, Office, Library, Cafeteria and Custodian substitutes - please attach resume.

Please check applicable area desired:											
Teacher Nurse Tea	cher AideOffi	ceLibrary	Cafeteria	Custodian							
PLEASE PRINT ALL INFORMATION											
Name in Full:	······································	Home	e Phone #:								
Address:	City/Town:		State: _	Zip Code:							
High School Attended:		<u> </u>	_ Year Graduated	l:							
Bachelor's Degree: College/U	 	Year Graduated:									
Major:		Minor:									
Master's Degree: Colleg	Year Graduated:										
Major:		Minor:									
Certification(s):			State:								
Have you been a member of the N.H. Re	etirement System?_										
EXPERIENCE – Please list below											
(Teachers – indicate whether "teacher" or "substitute"											
Location	Posi	tion		Dates							
REFERENCES – Give at least three references, with firsthand knowledge of your character, personality, scholastic and teaching ability											
Name	Position	Addre	ee	Phone Number							
THATE	Johnson	Addre	33	Filone Kamper							
				-							
				·							

(continued, over please)

Please complete both sides

I will be available during below: ☐ Centre (Preschool	_	-					Academy (6,			
I believe that I can substitute adequately in the grades and/or subjects listed below:										
Centre School Pre K Grade 1 Grade 2	<u></u>			Marston Grade 3 Grade 4 Grade 5						
Hampton Academ Grade 6 Grade 7 Grade 8 I am available to substiteday, except: (List days, 1)	itute eve		g the schoo	udies Science nguages Education		time du		ular school		
Time: Monday Tu	uesday	Wednesday	Thursday	Friday	Mo	nth(s)	Unavailab	le Dates:		
	-									
I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE SAU OFFICE OF ANY CHANGES IN THE ABOVE INFORMATION.										
Except for minor traffic vides by a court of law?	olations,	have you ever Yes (if so, plea	been arreste se attach ex	ed/convicted	d of a	crime th	nat has not be	en annulled		
Are you legally eligible for	employ	ment in the Un	ited States?							
I give my permission to SAU other civil authorities in ord conditional, pending a satisfa	ier to ver	ify information s	submitted in t	his applicati	ion. I	also uno	consult with re lerstand that e	nferences and mployment is		
Signature:	Date:									
Email address:	ail address: Alternate Phone Number:									
	AP	APPROVED () NOT APPROVED ()								
Restrictions:			<u>-</u>							
Principal's Signature:		_		Dat	te:					
School:										

SAU 90 is an equal opportunity employer and affirm their position of compliance with applicable State and Federal laws of non-discrimination on the basis of race, color, national origin, religion, gender, disability, age or marital status.

Rev 6.2014