

SCHOOL ADMINISTRATIVE UNIT #76

PO Box 117

Lyme, NH 03768

Serving The Lyme School District, K-8

**APPLICATION FOR
CUSTODIAL SUBSTITUTE**

Name: _____

Home Address: _____

Mailing Address: _____

Phone: _____ (home) _____ (work)

Social Security #: _____

U.S. Citizen: _____
Yes No

Applying for a Substitute Position(s) in other departments:

I would consider: () full-time () part-time () temporary position

Date Available: _____

Are there any days you are not available to substitute? _____

Please list names of persons who would supply a reference to Lyme School:

	Name	Telephone#
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please list any other relevant information about your talents, training or abilities that will be beneficial in this position.

1. _____
2. _____
3. _____

RETURN APPLICATION AND RESUME TO:

Lyme School District or jmitchell@lymeschool.org
P.O. Box 117
Lyme, NH 03768

Signature

Date