

# FAYETTE SCHOOL DEPARTMENT

2023 Main Street • Fayette, Maine 04349 • Phone 207-685-4770 Fax 685-4756

*"Quality Education Through Choice"*

## SUBSTITUTE APPLICATION

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

CHECK AREA OF INTEREST: Teacher \_\_\_ Ed Tech \_\_\_ Tutor \_\_\_ Secretary \_\_\_ Custodian \_\_\_ Bus Driver \_\_\_

DAYS AVAILABLE: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ All \_\_\_ Morning \_\_\_ Afternoon \_\_\_

Please indicate grade level or specialty area you are interested in: Pre-K-2 \_\_\_ 3-5 \_\_\_ Music \_\_\_ Art \_\_\_ P.E. \_\_\_

### EDUCATION:

High School Attended \_\_\_\_\_ State \_\_\_\_\_ Graduate? Yes \_\_\_ No \_\_\_

College Attended \_\_\_\_\_ State \_\_\_\_\_ # of years attended \_\_\_\_\_

Degree held \_\_\_\_\_ Date \_\_\_\_\_ Major \_\_\_\_\_

Other education \_\_\_\_\_

### CERTIFICATION:

Do you hold a Maine Teaching Certificate? \_\_\_\_\_ Please indicate any other certification that you hold. If yes, please provide a copy \_\_\_\_\_

**EXPERIENCE:** Please list all previous teaching/substituting/or working experience.

### Grade/Subject

### Employer

### Dates

<u>Grade/Subject</u>	<u>Employer</u>	<u>Dates</u>

**REFERENCES:** Please provide three references, unless you are attaching 3 letters of reference.

Name

Address

Phone

<u>Name</u>	<u>Address</u>	<u>Phone</u>

Are you able to perform the tasks of the job for which you are applying without accommodations? Yes \_\_\_ No \_\_\_ If an accommodation would be required to enable you to perform the job tasks, please describe that accommodation and how it would enable you to perform the job tasks. \_\_\_\_\_

Are you a member of the Maine State Retirement? Yes\_\_ No\_\_

Are you a retired member of MSRS-drawing a pension? Yes\_\_ No\_\_

Have you ever been disciplined, discharged, or asked to resign from a job? Yes\_\_ No\_\_

If yes, explain the circumstances on a separate sheet and attach it to this application.

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 offense)? Yes\_\_ No\_\_

Have you ever entered a plea of guilty or "no contest" 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? Yes\_\_ No\_\_

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 guilt 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 one of the previous questions, please explain in detail, including the date of the court action, and the offense in question, and the address of the court involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS:**

Have you been fingerprinted by the Maine Department of Education? Yes\_\_ No\_\_ If you checked **Yes**, a copy must be attached to this application. If you checked **No**, you must get fingerprinted within **20 days** after your start date, unless you are currently Maine certified in the position in which you are hired for.

**NOTE: AS OF JULY 1, 2002 ALL SUBSTITUTES MUST BE FINGERPRINTED AS REQUIRED BY MAINE STATE STATUTE. EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS MET THIS REQUIREMENT.**

**Confirmation#** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Location** \_\_\_\_\_

**Any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal/discharge.**

**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 the Fayette School Department contacts in connection with my employment application to fully provide the Fayette School Department any information, any claims, including without limitation, defamation, emotional stress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Fayette School Department, it's agents and officials or against any provider of such information.**

**I understand that information submitted in and with this application may be disclosed to a screening an/or interviewing committee, which may include board members, administrators, other staff and members of the community. I give my consent to this disclosure.**

Signature \_\_\_\_\_

Date \_\_\_\_\_