SCHOOL ADMINISTRATIVE UNIT # 9
APPLICATION FOR SUBSTITUTE TEACHING

Name: _____

Mailing Address: _____

Street Address (If different): _____

Phone: (Home): _____ (Cell): _____

Email Address: _____
(used only for annual Assurance letter)

EDUCATIONAL TRAINING: (Please circle last grade completed)   12 13 14 15 16

Institution Attended: _____ Date Graduated: _____

Degree(s) _____

REFERENCES: These should be people qualified to give any information to show your fitness for the position you seek.

Name	**Address**	**Occupation**	**Telephone #**
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

I will be available to teach during the school year on a substitute basis at the following schools:

( ) Kennett High School   **( )** John H. Fuller Elementary School
( ) A. Crosby Kennett Middle School   **( )** Josiah Bartlett Elementary School
( ) Conway Elementary School   **( )** Jackson Grammar School
( ) Pine Tree Elementary School   **( )** Northeast Woodland Chartered Public
                                                 School / Robert Frost Public Charter

List subjects and/or grades you are available to teach. If you hold a teaching certificate and/or have had experience in those areas, please designate:

Experience	*Years*	*Hold Teaching Certificate*

I am available to substitute every day during the school year and at any time during the regular school day, with the following exceptions:

NONE   (circle)

List hours of day unavailable:_____List day(s) of week unavailable:_____

List week(s) unavailable:_____   List month(s) unavailable:_____

I understand it is my responsibility to notify the SAU #9 office of any changes in any of the above information at:

Phone: 603-447-8368 or Fax: 603-447-8497

Date: _____   Signature: _____

SAU #9 ASSURANCE AND RELEASE

♦ I affirm that my answers to the questions in the application are true and correct, and that I have not knowingly withheld any facts or circumstances which would, if disclosed, affect my application unfavorably. I understand that any misrepresentation will be cause for immediate discharge.

♦ I authorize SAU # 9 and all component districts to make any investigation on my personal or employment history, and authorize any former employer, person, firm, corporation, credit agency or government agency to give information they may have regarding me. I release the SAU # 9, its component Districts, and all providers of information from any liability as a result of furnishing and receiving this information.

Date: _____   Signature: _____