

City of AUGUSTA Maine Department of Public Schools

EMPLOYMENT APPLICATION

SUBSTITUTE POSITION

THE AUGUSTA SCHOOL BOARD OF EDUCATION DOES NOT DISCRIMINATE IN THE OPERATIONS OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date					
Position(s) Applying For (check all that apply):	☐ Sub Teacher ☐ Sub CATC Teacher ☐ Sub Ed Tech ☐ Sub Secretary ☐ Sub Security ☐ Sub Food Service ☐ Sub Custodian ☐ Tutor (Grade/ Subject(s))				
The minimum requirement fo The minimun	r Secretary, Security, Food S n requirement for Teacher, E Transcripts are require	d Tech II, or Ed Tech II	II is 60 college c		
When will you be available? _					
PERSONAL INFORMATIO	N:				
Name:					
(Last)	(First)		(Middle)		
Home Phone:	Daytime Phone:				
Email Address:					
Address:					
(Mailing Address)					
(City)	(State)			(Zip)	
EDUCATION: Starting with transcripts must be provided a		ools or colleges you	may have attei	nded. (A copy of colle	
School Attended	Major		# Year	Degree or # of Credits	
CERTIFICATION/AUTHOR provide copies.	RIZATION INFORMA	FION: List certific	ation(s)/autho	rization(s) you hold a	
Туре	State	State Date Issued		Date of Expiration	

SPECIAL SKILLS:

Do you hold a valid Driver's License?Yes	_No Clerical A	pplicants Only		
State: Endorsement(s):	Can you ty	pe?: <i>YesN</i>	o WPM:	
What machines are you familiar with that would appl	y to the position you	u are applying for?		
What other special skills do you have or licenses do y	ou hold that may be	relevant to this posit	tion?	
EMPLOYMENT HISTORY: Please list previous ted	aching/substituting	experience or please	list the last two (2)	
most current employers with all the information request			, ,	
Employer Name:		From (month/year)	To (month/year)	
Employer Address:				
Employer Phone:	t This Employer?			
	Yes			
Title & Duties:				
Reason for Leaving:				
Elouer No			TD ((1) ()	
Employer Name:		From (month/year)	To (month/year)	
Employer Name:		From (month/year)	To (month/year)	
Employer Address:		From (month/year)	To (month/year)	
Employer Address:		·	To (month/year)	
		t this Employer?	To (month/year)	
Employer Address:	*	t this Employer?	To (month/year)	
Employer Address: Employer Phone:		t this Employer?	To (month/year)	
Employer Address: Employer Phone:		t this Employer?	To (month/year)	
Employer Address: Employer Phone: Title & Duties:		t this Employer?	To (month/year)	

LETTERS OF RECCOMENDATION: Please provide three (3) signed letters of recommendation from people (not relatives) who are familiar with your work for the sub position you are applying for.

OTHER INFORMATION; The Augusta Board of Education is committed to conducting a thorough screening of applicants for all positions and requires the completion of the following questions of all candidates. 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 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____ If you have answered YES to any of the previous questions, provide full details on an additional sheet.

My signature below constitutes authorization to check my employment history, 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 Augusta School Department contacts in connection with my employment application to fully provide the Augusta 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 the Augusta School Department, its 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 and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

or, if the applicant has been employed, to immediately dismiss the applicant/employee. Applicant's Signature Date APPLICATION CHECKLIST: The completed employment application cannot be evaluated unless all of the following materials have been provided: Application form fully completed Application signed Copies of Transcript(s), if applicable Copies of Maine Certification(s)/Authorization(s), if applicable YES to any of the questions in the Background section explained Three (3) signed letters of recommendation NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE AUGUSTA SCHOOL DEPARTMENT. NONE WILL BE RETURNED. The Augusta School Department is an Equal Opportunity/Affirmative Action Employer. Revised November 2021 For Office Use Only APPROVED TO SUB Yes - Position(s) ____ No (Reason(s) _____ Initials: ___ New Sub Hire Packet Mailed/Delivered: _____ Initials: New Sub Hire Packet Received: _____ Initials: ___

I understand that providing 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