



Hull Public Schools
Hull, Massachusetts

SUBSTITUTE TEACHER

**APPLICATION FOR EMPLOYMENT
SUBSTITUTE TEACHER**

| | | | |
|--|------------|--------------------|----------------|
| NAME | | | DATE |
| Last Name | First Name | Middle Initial | ____/____/____ |
| HOME ADDRESS | | | |
| Street | City/Town | State | Zip Code |
| SOCIAL SECURITY NO: ____-____-____ | | TELEPHONE: | |
| E-MAIL : _____ | | HOME: _____ | |
| | | CELL: _____ | |

| PERSONAL DATA: | YES | NO |
|---|------------|-----------|
| 1. Have you held or do you hold any other full-time, part-time, seasonal, temporary, paid or unpaid positions with the Town of Hull? If so, please provide title(s), description and dates. _____ | | |
| 2. Are you a United States Citizen? | | |
| 3. Are you a veteran? | | |
| 4. Have you ever been known by any other name? If yes, please list name(s). | | |
| 5. May we contact your present employer for information? Date you could start work: ____/____/____ | | |
| 6. Have you ever applied to the Hull Public Schools before? If yes, when and for which position? | | |

| PRIOR WORK EXPERIENCE | | | | |
|------------------------------|-----------------------------|-------|----------------------|-------------------------|
| Name of Employer and Address | Dates Employed From / To | Title | Supervisor's Name | Contact Phone Number |
| | | | | |
| | | | | |
| | | | | |



EDUCATION:

| Name of school and location. Include high school, college, graduate work and summer sessions in order taken. | Dates Attended From / To | Degree, diploma or credits received | Major subject and semester hours credit | Minor subject and semester hours credit |
|--|-----------------------------|-------------------------------------|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MASSACHUSETTS TEACHER CERTIFICATION:

| | | | | |
|---|--------------|--------------|-------------------------|----------------|
| Are you a Certified Teacher? Yes ____ No ____ | | | | |
| If yes, Certificate Number: | | | Original Date of Issue: | |
| Field (Primary field first) | Level | State | Issued | Expires |
| | | | | |
| | | | | |
| Do you have a Massachusetts Teaching Certificate pending? If yes, please list title and date that you expect to obtain certification: | | | | |
| Title: | | | Date: | |
| Are you an MTRS retiree? Yes ____ No ____ | | | | |

EXPERIENCE (TEACHING OR WORKING WITH CHILDREN):

| |
|--|
| |
| |
| |
| |

ASSIGNMENT PREFERENCE: (Note: placement will be at the discretion of the Superintendent/Superintendent's designee)

| | | |
|------------------------------|----------------------------|----------------------|
| Jacobs Elementary School [] | Memorial Middle School [] | Hull High School [] |
| Subjects: | | |



REFERENCES: List the names of three (3) persons, not related to you, whom you have known at least one year:

| Name: | Address: | Phone #: | Years acquainted: |
|-------|----------|----------|-------------------|
| | | | |
| | | | |
| | | | |

GENERAL INFORMATION:

Recognizing the confidential and sensitive nature of the information involved, only the Superintendent/Assistant Superintendent and their confidential/executive secretaries and/or designees shall have access to such data and only to the extent such information is needed for the performance of his/her duties, as follows: for the purpose of considering and making decisions for the retention of current or hiring of prospective employees.

It is unlawful in Massachusetts to require or to administer a lie-detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

All prospective employees for the Hull Public Schools are subject to a Criminal Offender Record Information (CORI), Statewide Applicant Fingerprint Identification System (SAFIS) and National Sex Offender Public Website (NSOPW) background search. The Superintendent/Assistant Superintendent of Schools reserves the right to rescind any offer of employment based upon the information received from the CORI/SAFIS/NSOPW searches.

I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts in this application is cause for dismissal.

I have read and fully understand all that is contained in this application. To the best of my knowledge, all statements made by me in the completion of this application are true.

I agree to keep all student information confidential and understand that failure to do so will result in removal from the substitute teacher list.

Date:

Signature of Applicant:

Please address application to:

Hull Public Schools
Office of the Superintendent
Substitute Application
18 Harborview Road
Hull, MA 02045