

APPLICATION FOR SUBSTITUTES

(teachers, paraprofessionals, nurses, custodians, cafeteria workers)

Date: _____ Position Applying For: _____

Name: _____ Telephone: _____ SS# _____

Address: _____
(street) (city, state, zip)

Are you 18 years or older? yes _____ no _____ Email Address: _____

Are you either a U.S. citizen or an alien authorized to work in the United States? yes _____ If not, please explain: _____

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check of your prior employment and/or school records? _____ If yes, please explain _____

When would you be available to work? _____ full-time _____ part-time _____

Do you hold a driver's license? _____ From which state? _____

You may answer no to the next question if your criminal record consists only of one or more of the following: (a) a sealed record on file with the Commissioner of Probation; (b) a case of delinquency or a child in need of services which should not result in a complaint transferred to the Superior court for criminal prosecution; (c) your crimes were misdemeanors and they occurred five or more years ago; or (d) your misdemeanors were limited to a first offense for drunkenness, simple assault, speeding, minor traffic offenses, disturbances of the peace, or affray.

Have you been convicted of a felony or crime other than for which you are permitted by the preceding statement to answer no? _____ If yes, please state where, when and the disposition of the case: _____

Indicate your strengths for the position for which you are applying and other information relevant to your application noting any special skills and interests: _____

Grade Level Preference: _____

EDUCATION

	NAME and ADDRESS OF SCHOOL	Course of Study	# of years attended	Did you graduate?	Diploma or Degree
High School				<input type="checkbox"/> yes <input type="checkbox"/> no	
College				<input type="checkbox"/> yes <input type="checkbox"/> no	
Other				<input type="checkbox"/> yes <input type="checkbox"/> no	

EMPLOYMENT HISTORY

Please begin with current or most recent employment and you may include in your employment history any verified work performed on a volunteer basis.

Company Name and Supervisor's Name	Telephone ()
Address	Employed (month/year) From To
State job title and describe your work:	Reason for Leaving

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EMPLOYMENT REFERENCES

(List three individuals qualified to give information noting your capabilities for the position you seek.)

Name and Address of Reference	Telephone	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that an offer of employment may be conditioned on the result of a medical examination conducted solely for the purpose of determining whether the applicant is capable of performing the essential functions of the position.

As an applicant, I understand that a criminal records check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me for employment.

I hereby certify that the above information is correct. I understand that any misstatement or omission of material fact in this application may be cause for rejection of this application or my dismissal from employment.

The Lenox Public Schools is hereby authorized to verify and make use of the above information in determining suitability for employment. I release from liability all persons or companies furnishing information in connection with this application.

Signature

The Lenox Public Schools is an equal opportunity employer and does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin or disabilities (Chapter 622, Title IX and Section 504).