

Sherman Public School District

2 Route 37 East, Sherman, CT 06784-1422
Telephone: 860-355-3793 Fax: 860-355-9023
www.shermanschool.com

SUBSTITUTE TEACHER APPLICATION

Name: _____ Social Security Number: _____
First Middle Last

Present Address: _____ Telephone No. _____

Email Address: _____

Other phone number(s) where you can be reached: _____

Grades preferred: _____

Days available: _____

If you hold certification as a teacher, please indicate below:

Connecticut Certification: _____

	Type	Endorsement(s)	Expiration Date
Additional certifications which you hold:	_____	_____	_____

Are you a United States Citizen?	Yes	No
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Have you ever been convicted of a crime?	Yes	No
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If yes, please give details: _____

Have you been fingerprinted?	Yes	No
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If yes, when and where: _____

(Proof that you have been fingerprinted is required)

Effective July 1, 1994, Connecticut State Statutes requires all new employees be processed with a criminal background check. This process will include fingerprinting and criminal background check by local, state and FBI agencies.

The Sherman Board of Education prohibits harassment and discrimination on the basis of race, color, religious creed, age, marital status, military or veteran status, national origin, sex, ancestry, sexual orientation, or past or present physical or mental disability in accordance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 and the Federal Vocational Rehabilitation Act of 1973, the Disability Act of 1989, The Civil Rights Act of 1987 and applicable state laws.

EDUCATIONAL: Written proof of degree is required

Name of College and Location	Date(s) Attended	Semester Hr. Cr.	Degree Earned	Major Subjects	Minor Subjects
Name of School and Location	Year Diploma Awarded		Course of Study (e.g. College Prep, etc.)		

EDUCATIONAL EMPLOYMENT EXPERIENCES

Please indicate whether student teaching, regular contract or substitute teaching.

Name of School and Location	Dates (from/to)	Grade or Subjects Taught	Reasons for Leaving

OTHER EMPLOYMENT EXPERIENCES

Name of Previous Employer	Dates (from/to)	Nature of Work	Reason for Leaving

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers; and that the responses given are true, complete, accurate to the best of my knowledge, and are made in good faith.

 SIGNATURE

 DATE