

SUBSTITUTE APPLICATION
TEACHER/NURSE/AIDE

SAU #16

(Brentwood, East Kingston, Exeter, Exeter Region Cooperative, Kensington, Newfields, Stratham)
www.sau16.org

Please complete & return to: SAU #16 Personnel Office, 30 Linden St. Exeter NH 03833

PLEASE PRINT

NAME _____ **DATE** _____
Last First Middle

ADDRESS _____
Street City/Town State Zip

Email ADDRESS _____

TEL # _____ **CELL #** _____ **SOC. SEC.#** _____

EDUCATION

College/University _____ Location _____

Degree(s) _____ Yr. earned. _____ Major _____

College/University _____ Location _____

Degree (s) _____ Yr. earned _____ Major _____

High School _____ Location _____

Diploma _____ Yr. earned _____

Professional certificates or licenses held: _____

TEACHING EXPERIENCE (Indicate whether teacher or substitute & other experience in a school setting)

School _____ Location _____ # of years _____

School _____ Location _____ # of years _____

(PLEASE SEE REVERSE SIDE)

08/08/17

REFERENCES

Name Address Telephone

Name Address Telephone

Name Address Telephone

I am available to substitute in any district (Brentwood, East Kingston, Exeter, Exeter Region Coop., Kensington, Newfields, Stratham) of SAU #16 during the school year. If not available for all days and districts, please indicate your preferences below:

M - F (check) _____ **OR** Days **available** _____

Districts where **available** _____

Grade level(s)/subject areas preferred _____

Art _____ Music _____ For. Lang.(specify) _____ Phys. Ed. _____ Special Ed. _____

Would you be interested in substituting for Instructional Aides/ Paraprofessionals? _____

Would you be interested in tutoring? _____ **If so, what age group?** _____

Are you legally eligible for employment in the United States? _____

Are you aware that you have any contagious or communicable disease, which might endanger others?
_____ (If yes, attach explanation.)

Have you ever been arrested for or convicted of a crime that has not been annulled by the court?
_____ (If yes, attach explanation.)

The information provided on this application is true, correct, and complete. I do hereby authorize agents of SAU#16 to contact or obtain information from my former employers, references, law enforcement authorities, and such other persons or entities as the SAU chooses in connection with its consideration of this application for substitute teaching. I understand that employment is conditional pending a satisfactory background check, including a criminal/fingerprinting check.

Signature Date

(FOR OFFICE AND ADMINISTRATOR USE ONLY)

[] Approved [] Not Approved Date _____

Restrictions (if any) _____

Signature of Principal (and/or designee) _____