

Andover School District
35 School Road, Andover, CT 06232
860 742-7339 * 860 742-8288 (fax)

Application for Substitute Position

The Andover School District 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 Titles VI, VII of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1973, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1991 and applicable state laws.

Name:		
Address:		
City:	State:	Zip:
Home Phone No.:	Cell Phone No.:	
Email:		

AVAILABILITY:

Are you available every day? Yes No

If not, please specify available days: _____

FOR SUBSTITUTE TEACHING POSITION (TRANSCRIPT REQUIRED):

Do you have: 4-year degree 2-year degree 2 years of college

TEACHING EXPERIENCE: Please indicate if student teaching or regular teaching.

Name of School and Location (town/state)	Dates (from/to)	Number of Years	Grade or Subjects Taught	Reason for leaving

FOR SUBSTITUTE NON-TEACHING POSITION:

Check area(s) interested in substituting for: Instructional Aide Cafeteria Custodial Office

EDUCATION:

School	Name	Location	Specialization/ Nature of Courses	Degree/Diploma	Date Graduated
<i>High School</i>					
<i>College</i>					

OTHER PROFESSIONAL/WORK EXPERIENCES

From: Mo. / Yr.		To: Mo. / Yr.		Employer / Nature of Experience	No. of Months

REFERENCES

(Give the names of those who have closely observed your work as a TEACHER, EMPLOYEE, STUDENT)

NAME OF EMPLOYER (please print)	CONTACT PERSON (please print)	CONTACT'S PHONE NO.

PERSONAL REFERENCES

NAME OF PERSONAL REFERENCE (please print)	PHONE NO.

VERIFICATION STATEMENT

I hereby certify that the information in this Application for Employment is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application for employment.

I understand that if I am employed by the Andover Board of Education I will be required to submit to a background check which will include state and national criminal history records checks, a Connecticut Department of Children and Families child abuse and neglect registry records check, and may include, but is not limited to, obtaining a consumer report. As part of any criminal history records check, I understand that I will be required to submit to fingerprinting, at my expense, within 30 days of my date of employment, for purposes of submitting my fingerprints to the Federal Bureau of Investigation. I further understand that I will be required to sign an Authorization and Release regarding the required information described above.

I understand and agree that if I have been convicted of a crime which has not been disclosed to the Andover Board of Education, the Board may immediately terminate my employment in accordance with the provisions of Connecticut General Statute § 10-221d. I further understand that any misrepresentation or omission of any fact whenever discovered, including after employment, in my application, resume, or any other materials, or during any interviews, may be the cause for my rejection from employment or may result in my subsequent termination if hired.

I also understand that if I accept a position with the Andover Board of Education, the statements on this application will become part of my permanent record.

Signature of Applicant

Date

For Office Use Only

	Completed	Where	Date
Fingerprinting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DCF Background Check	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer Check	<input type="checkbox"/> Yes <input type="checkbox"/> No		

BACKGROUND AND EMPLOYMENT INFORMATION

AUTHORIZATION AND RELEASE

I, _____, hereby authorize any and all state or federal agencies, law enforcement agencies, current and former employers, credit agencies, and academic institutions, to supply any information regarding my background for employment purposes to the Andover Board of Education, 35 School Road, Andover, CT 06232, and to its agents and employees, as a prospective employer.

Any information acquired by the Andover Board of Education under this authorization shall be for their confidential use only, and shall not be communicated in any way to other agencies, employers, academic institutions, or any other business or organization requesting such information for any purpose. Furthermore, the Andover Board of Education shall use the information acquired under this authorization solely to determine my fitness for the position available or to verify credentials, claims, and/or other information supplied by me.

I hereby release, to the extent permitted by law, any state or federal agency, law enforcement agency, current or former employer, credit agency or academic institution, and their agents and employees, from any liability arising from the supplying and use of any information provided pursuant to this Authorization and Release.

Signature _____

Date _____

Applicant, please return to:
Superintendent of Schools
Andover Elementary School
35 School Road
Andover, CT 06232
860-742-7339