

OLD ORCHARD BEACH SCHOOL DEPARTMENT

28 Jameson Hill Road, Old Orchard Beach, Maine 04064
(207) 934-5751

<input type="checkbox"/>	W4 and Maine
<input type="checkbox"/>	I-9 with Identification
<input type="checkbox"/>	MSRS (2)
<input type="checkbox"/>	ASSURANCE OF EMPLOYMT
<input type="checkbox"/>	FINGER PRINT CERTIFICATE

APPLICATION FOR SUBSTITUTE TEACHERS

Thank you for your inquiry about a professional position in our schools. Please complete the form below and return it to the **Superintendent of Schools office**. Your application will be kept on active file for one year, unless you request otherwise. You should include your transcripts, certification, resume and other supportive materials.

NAME _____			DATE _____	
Last First Middle				
ADDRESS _____			TELEPHONE _____	
			ZIP CODE _____	
GRADE LEVEL APPLYING FOR: _____			SS # _____	
SUBJECT(S) AREA APPLYING FOR: _____				
Do you hold an appropriate State of Maine professional certificate? _____				
In what areas? _____				
Please attach a copy of your certification to this application				
If you do not hold Maine Certification, are you certifiable? _____				
Yes <input type="radio"/> No <input type="radio"/> Fingerprint certificate attached, if in process give date _____				

EDUCATIONAL SUMMARY

Name	Location	Degree & Dates
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HIGH SCHOOL _____

COLLEGE _____

Major field _____ Minor field _____

GRADUATE _____

COLLEGE ACTIVITIES AND INTERESTS:

EXPERIENCE IN EDUCATION

Present position _____ Dates _____

School District _____ Address _____

Major accomplishment(s): _____

PAST EXPERIENCE - Please list in reverse chronological order - most recent position first indicating dates and length of service

Position	from month/year to month/year	# years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NON-EDUCATIONAL WORK EXPERIENCE

Indicate type of work, length of service, address(s) and dates:

PROFESSIONAL AFFILIATIONS(S)

(NOTE ANY PARTICULAR RECOGNITION)

EXPERIENCE WORKING WITH CHILDREN

(other than education)

CLUBS/ORGANIZATIONS/INTERESTS/HOBBIES

REFERENCES

Minimum of three (please attach any additional reference letters)

	Name	Position	Address	Telephone #
1.				
2.				
3.				
4.				

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Have you ever been disciplined, discharged, or asked to resign from a prior position?	YES____ NO____
Have you ever resigned from a prior position?	YES____ NO____
Has your contract in a prior position ever been non-renewed?	YES____ NO____
Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved?	YES____ NO____
Have you ever been charged with or investigated for sexual abuse or harassment of another person?	YES____ NO____
Have you ever been convicted of a crime (other than a minor traffic offense)?	YES____ NO____
Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?	YES____ NO____
Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?	YES____ NO____
Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state?	YES____ NO____

If you have answered YES to any of the previous questions, provide full details on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Old Orchard Beach School Department contacts in connection with my employment application to fully provide the O.O.B. School Department any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the O.O.B. School Department its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

I UNDERSTAND ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE OLD ORCHARD BEACH SCHOOL DEPARTMENT. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

SIGNATURE OF APPLICANT:_____ DATE_____