

ERVING SCHOOL UNION #28
18 Pleasant Street
Erving, MA 01344
(413) 423-3337 Fax: (413) 423-3236

SUBSTITUTE TEACHER/AIDE/TUTOR APPLICATION

First	Middle	Last
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Address

Social Security Number	Area Code/Phone Number	E-Mail Address
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Are you a certified teacher? Yes No Are you a retired teacher? Yes No

Certification Number: _____ (Please attach copy of license)

Are you interested in being a tutor? Yes No

RANK OR CHECK THE SCHOOLS IN WHICH YOU PREFER TO WORK:

Erving Leverett Shutesbury Swift River

DAYS and TIMES AVAILABLE: DAYS _____ TIMES _____

SUBJECT PREFERENCES: (i.e. Music, P.E., etc.) _____

EDUCATIONAL PREPARATION:

School/Location	Major/Minor	Degree	Dates Attended
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TEACHING EXPERIENCE (List by most recent experience)

From	To	School & Supervisor	City/Town	State	Grades/Subjects
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OTHER PROFESSIONAL AND WORK EXPERIENCES: (List by most recent experience)

From	To	Position and Supervisor	City/Town	State	Brief Job Description
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REFERENCES: Please list 2 References

Name & Address	Telephone Number	Occupation
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As of January 2013, state law requires all school employees to be fingerprinted. Are your fingerprints on file with a Massachusetts school district? Yes _____ No _____

If yes, please provide documentation / contact information _____

Signature of Applicant

Date