

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

Address

Area Code/Phone Number

E-Mail Address

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

TEACHING EXPERIENCE (List by most recent experience)

From

To

School & Supervisor

City/Town

State

Grades/Subjects

OTHER PROFESSIONAL AND WORK EXPERIENCES: (List by most recent experience)

From

To

Position and Supervisor

City/Town

State

Brief Job Description

REFERENCES: Please list 2 References

Name & Address

Telephone Number

Occupation

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