

# Newfound Area School District

20 North Main Street  
Bristol, NH 03222

www.sau4.org

Tel. (603) 744-5555  
Fax (603) 744-6659

## Application for Substitute Teaching

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Rural Route/Street City State Zip

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Educational Preparation

School	Name & Location	Years Completed	Did you graduate?		Degree
High School		1 2 3 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Post Secondary		1 2 3 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other		1 2 3 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Professional Teaching Experience

School & Location	Dates of Employment	Grades/Subject Taught

Do you currently hold a valid New Hampshire Teaching Credential?  Yes  No

If yes, Credential #: \_\_\_\_\_ Certification Area: \_\_\_\_\_

Have you ever been non-renewed from a teaching and/or administrative position?  Yes  No

Have you ever accepted an offer of resignation in lieu of nonrenewal?  Yes  No

### Additional Work Experience

Position	Employer	Dates of Employment

**References**

Provide the following information from 3 professional people in a position to evaluate your qualifications.

Name	Address	Telephone	Position

**The following MUST be submitted to complete your application:**

- |  |   |
|--|---|
| 1. Application for Substitute Teaching | 3. Teaching Certification (if applicable) |
| 2. Resume                              | 4. Three current letters of reference     |

**Application Screening Authorization**

1. I certify that I have never been convicted of a criminal offense. Further, I certify that I have never been convicted of any offense involving sexual misconduct or moral turpitude.
2. I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I acknowledge and understand that the Superintendent of Schools (and/or designee) will be relying on the information contained in this application, and that the information is complete and accurate. I further understand and agree that, if employed, any falsified statements or any material half-truths, material misstatements or omissions on this application, without full disclosure of all relevant facts, shall be grounds for the School District to immediately VOID any employment contract with me, and shall be grounds for my immediate dismissal from employment with the School District.
3. I authorize SAU #4 to fully investigate all statements contained herein. Further, I authorize all references listed and all previous employers to give SAU #4 any pertinent information that they may personally know relative to me and/or my prior employment.
4. Effective August 2, 1997, New Hampshire statute RSA 189:13-a requires that SAU #4 complete a background investigation, which must include a criminal history records check, on every selected applicant for employment in any position before a final offer of employment is made. The statute also requires that the selected applicant for employment submit to the District, as employer, a notarized criminal history records release form and a complete set of fingerprints so that the background investigation may be completed. By signing and submitting this application for employment, I understand that a complete background investigation, including a criminal history records check, will be conducted on me if I am selected for possible employment with the District. I understand that any offer of employment that is extended to me by the District is contingent upon the completion of the background investigation, which includes a criminal records check, and the District's satisfaction with the results of that background investigation.

By signing below, the applicant has read and agreed to the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notice of Nondiscrimination**

School Administrative Unit #4 does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, sexual orientation, or disability in its educational programs, activities, and employment practices. The following person has been designated to handle inquiries regarding nondiscrimination policies: Superintendent of Schools, SAU #4, 20 N. Main Street, Bristol, NH 03222. Inquiries concerning the application of the nondiscrimination policies may also be referred to the Regional Director, Office of Civil Rights, U.S Department of Education, J.W. McCormack POCH, Room 222, Boston, MA 02109-4557

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Substitute Teaching Questioner**

**Please check the schools in which you are interested in substituting:**

- |  |  |
|--|--|
| <input type="checkbox"/> Bristol Elementary School (K-5)       | <input type="checkbox"/> Bridgewater Hebron Elementary School (PreK-5) |
| <input type="checkbox"/> Danbury Elementary School (K-5)       | <input type="checkbox"/> New Hampton Community School (K-5)            |
| <input type="checkbox"/> Newfound Memorial Middle School (6-8) | <input type="checkbox"/> Newfound Regional High School (9-12)          |

**Please check the Grades in which you are interested in substituting:**

- |                                    |                                       |                                   |                                   |                                  |
|------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 1  | <input type="checkbox"/> Grade 2  | <input type="checkbox"/> Grade 3 |
| <input type="checkbox"/> Grade 4   | <input type="checkbox"/> Grade 5      | <input type="checkbox"/> Grade 6  | <input type="checkbox"/> Grade 7  | <input type="checkbox"/> Grade 8 |
| <input type="checkbox"/> Grade 9   | <input type="checkbox"/> Grade 10     | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 12 |                                  |

**Please check your willingness to provide substitute services in the following areas:**

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Art                                     | <input type="checkbox"/> Music     | <input type="checkbox"/> Physical Education         |
| <input type="checkbox"/> School Nurse                            | <input type="checkbox"/> Custodian | <input type="checkbox"/> Secretarial/Office Support |
| <input type="checkbox"/> Paraeducator for special needs students |                                    |   |

**Please indicate the days of the week you are available:**

- |                                 |                                  |                                    |                                   |                                 |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|