

Rocky Hill Public Schools

P.O. Box 627
761 Old Main Street
Rocky Hill, CT 06067
(860) 258-7701

APPLICATION FOR SUBSTITUTE TEACHER

Name _____ Telephone _____

Address _____

Email _____

CT Teaching Certificate ____ Yes ____ No *(Please attach copy) (Certificate not required for position)*

EDUCATION: *Attach copies of transcripts (not computer generated) or diploma. BA or BS required for position.*

Rocky Hill Public Schools requires a Bachelor's Degree to be employed as a substitute teacher.

<u>School</u>	<u>Location</u>	<u>Diploma/Yr.</u>	<u>Subject Area</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING EXPERIENCE:

<u>School</u>	<u>Location</u>	<u>Dates</u>	<u>Position/Subject</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES: *(It is the responsibility of the applicant to have at least two (2) written references mailed to the Superintendent's Office)*

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check schools in which you are willing to substitute:

_____ Elementary _____ Middle School _____ High School

Days of the week available: _____

Date: _____ Signature: _____

PLEASE NOTE: The Board of Education guarantees compliance with the Civil Rights Act of 1964, the Equal Employment Opportunity Act of 1972, the CT Fair Employment Practices Act, as amended in 1975, and Title IX of the Education Amendments of 1972.

All applications will be considered inactive at the end of the School year. A Written request to reactivate the file is needed.

Public Act 93-328 – An Act Concerning Applicants for School Employee Positions

The Rocky Hill, CT Board of Education has the responsibility to comply with Federal and State mandated regulations. In order for the Rocky Hill, CT Board of Education to review your application, you must respond to the following in accordance with Connecticut General Statute 10-221d.

1. Were you ever known by any other name? Yes No

If yes, please list the name(s) below.

2. Have you ever been convicted of a crime, either within or outside of Connecticut?

Yes No

If yes, identify the approximate date, location and nature of each conviction on a separate sheet of paper and attach to this form.

3. Are any criminal charges currently pending against you either within or outside the State of Connecticut?

Yes No

If yes, identify the jurisdiction in which such charges are pending, the nature of the charge, and an explanation on a separate sheet of paper and attach it to this form.

I understand that if I am employed by the Rocky Hill, CT Board of Education, I will be required to submit to a state and national criminal history records check within a period of 90 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Rocky Hill, CT Board of Education, the Board may immediately terminate my contract of employment in accordance with the provisions of Public Act No. 93-328.

I hereby authorize any and all law enforcement agencies, current and former employers, and academic institutions to supply any information regarding my background to the Rocky Hill, CT Board of Education and to its agents and employees, and I hereby release all such former employers, law enforcement agencies and academic institutions, their agents and employees from any liability arising from supplying and use of such information.

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application for employment and I understand that any omission, falsely answered statement made by me on this application or any supplement will be sufficient grounds for failure to employ or for my discharge should I become employed by the school district.

Signature

Date

Print Name

