

**WINDSOR SOUTHEAST SUPERVISORY UNION  
Hartland – Weathersfield – West Windsor - Windsor**

**105 Main ST, Suite 200 Windsor, VT 05089 • (802) 674-2144 ex. 107**

**APPLICATION**

**Name** \_\_\_\_\_  
Last First Middle

**Present Address** \_\_\_\_\_  
\_\_\_\_\_  
Until Phone \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

(Please choose from the following. Indicate grade level(s), or specific subjects.)

- \_\_\_ Full-Time Teaching \_\_\_\_\_
- \_\_\_ Substitute Teaching \_\_\_\_\_
- \_\_\_ Homebound Instruction \_\_\_\_\_
- \_\_\_ Other (explain) \_\_\_\_\_

**Application Procedure**

- Submit hardcopy of this **application and all related materials** to: Superintendent of Schools, Windsor Southeast Supervisory Union, 105 Main ST, Suite 200, Windsor, VT 05089.
- **Copy of your Vermont Teachers' Certification**, or if not yet certified, a copy of your request to the bureau of Certification of the Vermont Department of Education. (Substitute teachers do not require certification.)
- Submit **3 current letters of reference**.
- **Official Transcripts**
  - »**Full-time teacher applicants** - Copies of transcripts will be accepted on a *temporary basis*. If you are recommended for a position, official transcripts must be provided prior to hiring.
  - »**Substitute Teachers, Tutors and Nurses** - Official Transcripts are required prior to being hired. Substitute Teachers must have an Associate's Degree or equivalent (to be determined by the Superintendent of Schools.)
- Completed Criminal Offender Record Information Form.
  - »**Full-time teacher applicants** – Successful applicants will be required to submit a completed form.
  - » **Substitute Teachers, Tutors and Nurses** – Please return completed form (enclosed) with other materials.

**THE WINDSOR SOUTHEAST SUPERVISORY UNION DOES NOT DISCRIMINATE ON  
THE BASIS OF RACE, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL  
ORIGIN OR DISABILITIES**



**OTHER INFORMATION**

1. Social Security Number \_\_\_\_\_
2. Title, Grade, Number of Certificate \_\_\_\_\_  
\_\_\_\_\_  
(Note: Each employee must obtain and file with the Superintendent of Schools a copy of Vermont Teaching Certificate)
3. List student co-curricular activity which you are able to coach or direct. \_\_\_\_\_  
\_\_\_\_\_
4. Describe any special experience, skills, or qualifications which you feel would especially fit your for work with the Windsor Southeast Supervisory Union.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. When will you be available to work? \_\_\_\_\_
6. **ADDITIONAL REFERENCES:** In addition to the references submitted under Step 3 of the application procedure, these should be persons qualified to give any information to show your capabilities for the position you seek. Please include superintendents and principals under whom you have taught. Please know we may contact other individuals who we feel may have pertinent information.

	NAME	ADDRESS	POSITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

An offer of employment may be conditioned on the results of a medical examination conducted solely for the purpose of determining whether the applicant is capable of performing the essential functions of the position.

**I certify that all statements herein are true.  
I understand that any misstatement or omission  
of materials in this application may be cause for  
rejection of this application or my dismissal from  
employment.**

\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

**OFFICE RECORD**

(Applicant will please not write below this line)

Interviewed and/or Observed: Date \_\_\_\_\_ By \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Years Credited \_\_\_\_\_ Schedule \_\_\_\_\_ Step \_\_\_\_\_ Salary \_\_\_\_\_

Date Appointed \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

The Windsor Southeast Supervisory Union has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following to help us meet the requirements.

1. Were you ever known by any other name? If yes, please list the name(s) below.  
 Yes       No
  
2. Have you ever been convicted of a crime, either within or outside of Vermont?  
 Yes  No  
If yes, identify the approximate date, location and nature of each such 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 Vermont?  
 Yes  No  
If yes, identify the jurisdiction in which such charges are pending, the nature of the charges, and an explanation on a separate sheet of paper and attach it to this form.

I understand that if I am employed by the Windsor Southeast Supervisory Union, 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 my 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 Windsor Southeast Supervisory Union Board of Directors, the Board may immediately terminate my contract of employment as an employee.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies and academic institutions to supply any information regarding my background to the Windsor Southeast Supervisory Union Board of Directors and to its agents and employees from any liability from supplying and use of such information.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION:**

I hereby authorize my current and former employers, their representatives, and employees, individuals designated by me as references and educational institutions attended by me. To release to the Windsor Southeast Supervisory Union School Board or its designated representative, any information regarding my academic record, my current and former employment, and my qualifications for the position. I waive and release the Windsor Southeast Supervisory Union Board of Education or its designated representative from any claims or actions which might arise from professional reference checks.

\_\_\_\_\_  
Signature of applicant attesting to accuracy of all data provided and also authorizing release of information.

\_\_\_\_\_  
Date