



WESTPORT COMMUNITY SCHOOLS

17 Main Road

Westport, MA 02790

Phone: 508-636-1140 - Website: www.westportschools.org

APPLICATION FOR SUBSTITUTING IN WESTPORT COMMUNITY SCHOOLS

The Westport Community Schools do not discriminate or allow discrimination on the basis of sex, race, color, sexual orientation, gender identity, age, religion, national origin and/or handicap or disability in any of its activities. Westport Community Schools is an Equal Opportunity Employer in compliance with all Federal and State laws and regulations.

INSTRUCTIONS: Please read the application for employment carefully and answer EVERY question in full. **NOTE:** ANY FALSE STATEMENT OR OMISSION MAY DISQUALIFY AN APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR IMMEDIATE DISMISSAL, IF DISCOVERED AT A LATER DATE.

PLEASE PRINT

Last Name	First Name	Middle Name	Date of Application

Address: Permanent: Number	Street	City	State	Zip Code
Address: Temporary: Number	Street	City	State	Zip Code
Telephone No. () Area code		Social Security Number		
Cell Phone:		E-Mail Address:		

Are you available every day: Yes ___ No ___ If no, list days available: _____

Have you worked with us before? _____

Are you related to any employee of Westport Community Schools, if so, who? _____

Educational Data (College transcripts must be submitted.)		Did you Graduate?	Degree/Diploma
School Name and Location	Dates		
College(s)	From _____ To _____		
High School	From _____ To _____		
Undergraduate Grade Average: _____	Major Field Grade: _____	Practice Teaching Grade: _____	
Are you certified in Massachusetts? _____	Have you applied? _____	Date	

Field: _____ Certification #: _____ Do you speak a foreign language? _____ If so, please list: _____

Employment/Teaching Experience: * List present or most recent employer first.

Dates Employed		No. of Years Taught	Name of School	Address	Grade/Subject Taught
From	To				

General Information (Please circle YES or NO)
 1. Are you a United States citizen or authorized to work in the United States? Yes No
YOU WILL BE REQUIRED TO PRODUCE DOCUMENTATION TO ESTABLISH YOUR IDENTITY AND YOUR AUTHORIZATION TO WORK IN THE UNITED STATES.
 2. U.S. Military Service Yes No Branch of Service: _____ Date of Entry _____ Date of Discharge from Active Duty: _____
 3. Do you have any physical or health reason(s) which would limit your ability to perform the duties of this position? _____
 4. State any additional information which you believe will assist in arriving at a true estimate of your qualifications: _____

References: List persons qualified to give information to show your fitness for the position you seek. Please include superintendents and principals under whom you have taught.

NAME	COMPLETE ADDRESS	COMPANY AFFILIATION/OCCUPATION
	Street City zip	
	Street City zip	
	Street City zip	

Westport Community Schools has been certified by the Criminal History Systems Board for access to conviction data. Record checks are conducted on all substitute teaching applicants.

The information contained herein is a true and complete statement of my personal and professional record to date:

 Signature Date

As a substitute teacher in the Westport Community Schools I understand my obligation to maintain confidentiality in all matters of student information. This would include but not be limited to a student's intelligence or matters of discipline.

 Signature of applicant

 Date