

**OFFICE OF SUPERINTENDENT OF SCHOOLS**

**School Administrative Unit No. 2**

**c/o Humiston Building  
103 Main Street, Suite 2**

**Meredith, NH 03253**

**Tel. (603) 279-7947**

**Fax (603) 279-3044**

**Inter-Lakes School District  
Center Harbor  
Meredith  
Sandwich  
Ashland School District**

**MARY A. MORIARTY  
Superintendent of Schools**

**TRISH TEMPERINO  
Assistant Superintendent**

**(SUBSTITUTE TEACHING)**

Date \_\_\_\_\_

**PERSONAL**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you subbed for us before?  Yes  No

Do you have a current W-4 form on file?  Yes  No

Criminal check and fingerprinting initiated? \_\_\_\_\_ On file? \_\_\_\_\_

EDUCATIONAL BACKGROUND			
Type of School	Name and Address	Dates	Degree Awarded/Area of Study
Grammar or Grade			
High School			
College			
Other			

Teaching Major \_\_\_\_\_

Teaching Minor \_\_\_\_\_

Do you now hold or have you previously held a teaching certificate?  Yes  No

If yes, credential # \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

Please summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

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TEACHING AND/OR WORK EXPERIENCE			
Position	Location	Dates	Duties/Grades or Subjects Taught

Please indicate which school you are interested in substituting for:	Para	Teacher	Nurse
Inter-Lakes High School Gr. 9-12			
Inter-Lakes Middle Tier Gr 5-8			
Inter-Lakes Elementary Gr PreK-4			
Sandwich Central School Gr K-6			
Ashland Elementary Gr K-8			

**SUBSTITUTE TEACHING AVAILABILITY**

I am available to substitute teach  Mon.  Tue.  Wed.  Thu.  Fri. during the school year and at any time during the regular school day, with the following EXCEPTIONS:

Hours/Dates/Weeks/Months UNAVAILABLE: \_\_\_\_\_

The respective building principals will make every attempt to give a substitute teacher ample notice. However, it should be clearly understood that at times substitutes may be called on very short notice. Therefore, it would be helpful if you would indicate the minimum amount of notice required for you to be available.

\_\_\_\_\_

PERSONAL REFERENCES		
Please list names of professional people who are in a position to evaluate your qualifications:		
Name and Occupation	Email Address	Phone Number



Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with our schools will be based only on your merit and no other considerations.

Each applicant for employment must submit to the School District a completed Criminal History Release Authorization Form and his or her fingerprints. The School District will supply a form and fingerprint card to each applicant. The fingerprints will be utilized by local, state, and federal law enforcement agencies to research the applicant's background. Any offer of employment that the School District extends to an applicant is conditional upon the successful processing of his or her fingerprints and the receipt of criminal history and background check results that are acceptable to the School District.

**- PLEASE READ CAREFULLY -  
APPLICANT'S CERTIFICATION AND RELEASE AGREEMENT**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for rejecting my application, withdrawing of any offer of employment, or terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of the School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to the School District. I further authorize the School District's officials to investigate my background, now or in the future, to verify the information provided, and I release from liability all persons and/or entities supplying information regarding my background.

I understand it is my responsibility to notify the S.A.U. office of any changes in any of the above information.

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

Please submit this completed application and any other pertinent information to: Ms. Mary A. Moriarty, Superintendent of Schools, 103 Main Street, Suite 2, Meredith, NH 03253. Thank you.

The School Administrative Unit No. 2 does not discriminate in its educational programs, activities or employment practices based on age, sex, race, color, marital status, physical or mental disability, religion, national origin or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, the Americans with Disabilities Act of 1990 and New Hampshire RSA 354-A. Information relative to special accommodation and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the School District. If you need accommodations in completing this application, please contact the School District.

**\* ASHLAND - CENTER HARBOR - MEREDITH - SANDWICH \***