GATEWAY REGIONAL SCHOOL DISTRICT
12 LITTLEVILLE ROAD
HUNTINGTON, MA 01050
PHONE: (413) 685-1000
FAX: (413) 667-8739
WEBSITE: www.grsd.org

APPLICATION FOR SUBSTITUTE TEACHING

Date of Application:_____ Social Security No.:_____

Position Applying for:
PreK - 5:_____ Gr. K - 5:_____ Gr. 6 - 8:_____ Gr. 9 - 12:_____ Gr. K - 12:_____

Information contained herein will be regarded as Non-confidential. Your signature on this application authorizes the Gateway Regional School District to make this application available to the appropriate person(s) who deal with professional personnel.

Name:_____
(Last Name) (First Name) (Middle Initial)

Address:_____

Phone:_____
(Day) (Evening) (Cell)

What is your present occupation?_____

Who referred you to Gateway?_____

When are you available for a personal interview?_____

BUSINESS EMPLOYMENT OR OTHER OCCUPATION:

Name and Address of Employer	Dates of Employment	Nature of Position

License Information: Certified:_____ Non-Certified:_____

Massachusetts State Certificate(s)

Certificate Number:_____ Date(s) Effective:_____
Field of Certification:_____

****PLEASE ATTACH A COPY OF TEACHING CERTIFICATE TO APPLICATION**

EDUCATION AND PROFESSIONAL TRAINING

Name of institution and location, including high school, college and graduate work in chronological order	Dates from/to	Degrees and Dates Received	Points Beyond Latest Degree	Areas of Specialization

Experience in Teaching and/or Educational Administration:
(Please State the Name and Address of the School)

_____

_____

_____

References (Include persons who have observed you teach):

_____

_____

_____

Date of most recent Physical Examination:_____

Have you ever been convicted of a felony? If yes, please explain:_____

_____

_____

As a (perspective) employee, I understand that a CORI (Criminal Offender Record Information) check will be conducted (pursuant to Chapter 385 of the Acts of 2002) at least every three (3) years for conviction and pending information and that it will not necessarily disqualify me.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I also understand that I am required to abide by all the rules and regulations of the employer. I affirm that the information stated herein is accurate and true.

_____ _____

Signature of Applicant **Date**

THE GATEWAY REGIONAL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH THE FEDERAL SECTION 504 AND FEDERAL TITLE IX, AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RELIGION, RACE, COLOR, CREED, OR NATIONAL ORIGIN.