

**Milford School District  
100 West Street  
Milford, NH 03055-4871  
(603) 673-2202**

**SUBSTITUTE APPLICATION**

(please print or type)

<b>PERSONAL INFORMATION:</b>			
<b>Name:</b>			
	<i>(last)</i>	<i>(first)</i>	<i>(middle)</i>
<b>Former Last Name(s)</b>			
<b>Social Security Number:*</b>			
	<i>(*optional)</i>		
<b>Present Address:</b>			
	<i>(street)</i>		
	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>
<b>Telephone:</b>			
	<i>(area code)</i>		
<b>E-Mail Address:*</b>			
	<i>(*optional)</i>		
<b>Permanent Address:</b> <i>(if different than above)</i>			
	<i>(street)</i>		
	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>
<b>Telephone:</b> <i>(if different than above)</i>			
	<i>(area code)</i>		
<b>Are you age 18 or over?</b>	Yes _____ No _____ <i>If <b>NO</b>, please list your birth date here:</i> _____		

**EDUCATION: (Do not write "see resume")**

High School/College	Areas of Study/Major	Diploma/Degree	Graduation Date

**SUBSTITUTE INFO:**

**Please check areas of interest:**     High School     Sage School     Special Education  
     Middle School     Elementary School     Regular Education  
     Food Service

**Are you available:**     Daily, or (indicate days below):  
                                   Mondays     Tuesdays     Wednesdays     Thursdays     Fridays

**CERTIFICATION/LICENSURE: (Not required for most substitute positions)**

Do you hold current NH Teacher’s Certification? \_\_\_\_\_ YES\*\* \_\_\_\_\_ NO \*\*If YES, please attach a copy

If you hold a current NH RN License or any other license, please attach a copy and indicate type of license held:

\_\_\_\_\_

**PREVIOUS WORK EXPERIENCE: (Do not write “see resume”)**

Employer	Dates	Supervisor	Phone #	Reason for Separation

**APPLICATION REQUIREMENTS:**

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THE FOLLOWING REQUIRED DOCUMENTS ARE SUBMITTED:

- Completed Substitute Application.
- Resume, transcripts and a copy of any certifications referenced above (if applicable)
- Three (3) letters of reference. Letters from family members or intimate relationships are not acceptable. Please attach to application.

Please keep a copy of your application, reference letters and other application materials.

**CRIMINAL HISTORY:**

Since you are applying for a position that involves working with children, you must complete the following:

Have you ever been arrested for or convicted of a violation of the law, other than a minor traffic violation, that has not been annulled by a court? YES \_\_\_\_\_ NO \_\_\_\_\_

The Milford School District requires that a criminal records check, including fingerprinting, be completed prior to start of work in accordance with RSA 189:13-a. Applicants are responsible for the cost of this background check.

**PLEASE NOTE:**

Candidates must complete all documentation required of new hires in the SAU office prior to the start of employment, including, but not limited to:

1. Full criminal records check paperwork (candidate is responsible for the cost of this records check)
2. W-4
3. I-9 (Proper form(s) of identification required to show proof of identity & legal permission to work in US)

I hereby authorize the Milford School District to inquire as to my record with any and all of my references and my former and/or current employers with no liability arising therefrom. I guarantee the correctness of this application. The making of any false statement herein will be sufficient cause for dismissal. I understand that misrepresentation or omission of facts called for is cause for dismissal. All conditions of employment are contingent upon successful completion of paperwork, including the full criminal records check.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**The Milford School District is an Equal Opportunity Employer**