



HINGHAM PUBLIC SCHOOLS

For Internal Use:

Cori:

Fingerprints:

Application for Substitute Teacher, Substitute Nurse & Substitute Paraprofessional

Your Information			
Last Name:	First Name:	Middle Initial:	
Home Address	Street Name and Number:		
	City:	State:	Zip Code:
Contact Information	Telephone Number:		
	Email Address:		

Desired Position				
<i>Please check all options that you are willing to work.</i>				
Desired Position <i>(Check all that apply)</i> Substitute Teacher <i>(Proof of Bachelor's Degree Required)</i> Substitute Paraprofessional <i>(Bachelor's Degree Not Required)</i> Substitute Nurse <i>(License Required)</i>	Preferred Grade Level <i>(Check all that apply)</i> Elementary K-5 Middle School 6-8 High School 9-12			
Preferred Schools <i>(Check all that apply)</i> East Elementary Foster Elementary Plymouth River Elementary South Elementary Hingham Middle School Hingham High School	Availability <i>(Check all that apply)</i>	For Paraeducators only: Please indicate time preference.		
	Mondays	AM	PM	Full Day
	Tuesdays	AM	PM	Full Day
	Wednesdays	AM	PM	Full Day
	Thursdays	AM	PM	Full Day
	Fridays	AM	PM	Full Day
Preferred Subject (if any)	Start Date Availability: I am available to start work on:			

Massachusetts Licensure			
License Number:	Original Certification Date:		
Field/Level	Type	Issue Date	Expiration Date

Educational Background					
Degree Type	School Name	City/State	Major	Minor	Degree Date
High School			N/A	N/A	
Bachelors					



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Teaching Experience – Not Including Student Teaching						
Date - From	Date - To	Yrs Taught	Grade	Subject	School	City/State

Have you ever been employed by the Hingham Public Schools? Yes No

If yes, in what role?

Teaching Experience –Student Teaching						
Date - From	Date - To	Yrs Taught	Grade	Subject	School	City/State

Other Work Experience with Children			
Date - From	Date - To	Role	Employer

Other Work Experience			
Date - From	Date - To	Role	Employer

Military Experience			
Date - From	Date - To	Branch of Service	Rank



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References

Indicate below three references capable of evaluating your work. These may or may not be duplicate references in your personnel file. If you are an experienced teacher, include your most recent employer in this listing. If you are an inexperienced teacher, include your cooperating teacher and/or principal with whom you student taught.

Name	Role	Institution	Email	Phone

Massachusetts General Law c. 149, section 19B requires the following statement: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violated this law shall be subject to criminal penalties and civil liability.

Applications for employment are accepted without regard to race, color, religion, sex, sexual orientation, age, national origin, veteran status, qualified disability, or marital status.

Your Acknowledgement and Signature

- The information provided in this document is accurate, truthful, and complete to the best of my knowledge.
- In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I will abide by all rules, regulations, policies, and procedures of the Hingham Public Schools.
- I understand that any employment offer by the Hingham Public Schools is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.
- I understand that any employment offer by the Hingham Public Schools is conditional upon acceptable pre-employment screening, including, but not limited to, receipt of references that the employer considers satisfactory, acceptable Criminal Offender Record Inquiry (CORI) and Fingerprint results.

I agree to the terms above. Yes No

If signing electronically: Each party agrees that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Signature:

Date:



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For Administrative Use Only			
Date:		Approved By:	
Recommendation:			
Proof of Degree provided (For Substitute Teachers Only)	Yes	No	Not Required
Comments:			