

TRI-TOWN SCHOOL UNION
Office of the Superintendent
28 Middleton Road
Boxford, MA 01921
978-887-0771

APPLICATION FOR SUBSTITUTE TEACHING
(Topsfield, Boxford & Middleton Elementary Schools PK-6)

Name _____

Street Address _____ City/Town/Zip _____

Telephone Number _____

Please circle the town(s) you would like to substitute teach in:

Topsfield (8:45 - 3:10) Boxford (8:40 – 3:10) Middleton (8:45 – 3:00)

Please circle grade levels you would like to substitute for: PK K 1 2 3 4 5
6

List special subject(s) (art, music, physical education, learning/resource center) you wish to substitute for (if any): _____

Would you like to substitute in an instructional aide position (\$55.00 full day/\$27.50 half day)?
Please circle: Yes or No

Please circle days of the week available: M Tu W Th F

If you would like to be called in advance **only** (not the same day), please circle: **Advance Notice**

For <u>college semester break students only</u> : Please circle month(s) available: Late Dec./Jan. Mid-March Mid-May/June Please circle days of the week available: M Tu W Th F
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PROFESSIONAL DATA

Do you have a Massachusetts Educator's License? _____
If so, please list type(s) and number(s) _____ **(ATTACH COPY)**

EDUCATIONAL AND PROFESSIONAL TRAINING

High School _____ Date of Graduation _____

College _____ Degree _____ Date _____

_____ Degree _____ Date _____

_____ Degree _____ Date _____

Student Teaching	Grade or Subject	Date
School _____	_____	_____
School _____	_____	_____

TEACHING EXPERIENCE

Dates of Service	Community	School	Grade/Subjects	Number of Years Taught
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER WORK EXPERIENCE

Date	Nature of Work	Company/Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

References from professional educators and school administrators are preferred. Direct supervisors from previous educational or work experience would be appropriate.

Name	Position	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____