



Cape Elizabeth School Department

Application for Substitute Teaching

Return to:

Cape Elizabeth School Dept.
 PO Box 6267
 320 Ocean House Road
 Cape Elizabeth, ME 04107
 Phone: (207) 799-2217
 Fax (207) 799-2914
 www.cape.k12.me.us

Office Use Only

- Application form fully completed
- Résumé
- Copies of transcript(s)
- Substitute teacher reference forms (2)
- Copy of Maine CHRC approval
- Background Information section completed
- Application signed
- Background Check

The Cape Elizabeth School Department does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

PERSONAL INFORMATION - Please Include a Current Résumé

Last Name	First Name	Social Security Number	Date	
Address (Number/Street/PO Box)		City	State	Zip
Home Phone	Cell Phone	Email address		
Current Position	Immediate Supervisor	City & State	Telephone	
Are you a member of the Maine State Retirement System (MSRS)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you retired and collecting a pension from MSRS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please indicate grade level(s) at which you are interested in substituting:

- K-2
 3-4
 5-8
 9-12
 Special Education

If you are interested in substituting at the elementary level and have a specialty area, please check the area(s):

- Art
 Music
 Physical Education
 Other

If you are interested in substituting at the middle or high school levels, please indicate specific subject areas:

EDUCATIONAL BACKGROUND

Please submit verification of two years of college (60 semester credits of college/university work).

Name of College/University	No. Years Attended	Degree Earned	Major		Minor	
Location of College/University			Semester Hrs.	GPA	Semester Hrs.	GPA
Name of College/University	No. Years Attended	Degree Earned	Major		Minor	
Location of College/University			Semester Hrs.	GPA	Semester Hrs.	GPA

NOTE: Transcripts, including grades from all colleges and universities attended, must be provided.

CERTIFICATION

If you hold a Maine Teaching Certificate or Educational Technician Authorization, please provide a copy.

Type of Certification	Level	Endorsement	Validation Date	Expiration Date	State
Type of Certification	Level	Endorsement	Validation Date	Expiration Date	State

NOTE: You must be fingerprinted by the state to work in any school. Please include your certificate from the State Department of Education regarding your fingerprinting /Criminal History Record Check (CHRC).

TEACHING/SUBSTITUTING EXPERIENCE

Please list previous teaching/substitute experience and attach a copy of your résumé

School	Principal's Name	Grades	Dates
City & State		Subjects	
School	Principal's Name	Grades	Dates
City & State		Subjects	
School	Principal's Name	Grades	Dates
City & State		Subjects	

OTHER WORK EXPERIENCE

Firm or Agency	Address	Duties	Immediate Supervisor	Total Years	Reason for leaving
	City & State				
Firm or Agency	Address	Duties	Immediate Supervisor	Total Years	Reason for leaving
	City & State				

REFERENCE INFORMATION

Please provide three references who are not related to you and are familiar with your work as a teacher, substitute or know of your experience working with youth.

1.	Name	Title	Complete Address	Telephone
2.	Name	Title	Complete Address	Telephone
3.	Name	Title	Complete Address	Telephone

GENERAL INFORMATION

Please list any training, skills, or language proficiency that would improve your candidacy for desired position(s):

Please list any awards or honors that would improve your candidacy for desired position(s):

BACKGROUND INFORMATION

Have you ever been disciplined, discharged, or asked to resign from a prior position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever resigned from a prior position after a complaint has been received against you or your conduct was under investigation or review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your contract in a prior position ever been non-renewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with or investigated for sexual abuse or harassment of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime, other than a minor traffic offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any court ever deferred, filed, or dismissed proceedings without a finding of guilty and required you to pay a fine, penalty, or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered YES to any of the previous questions, provide full details on an additional sheet(s) including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.		

SHORT ANSWER NARRATIVE

In the following space, please write a short paragraph explaining the strengths you offer students in a teaching role. Include, if you wish, a statement of philosophy and the areas of personal interest and talents which should be considered in reviewing your application (Use a separate sheet if necessary).

SIGNATURE

My signature below constitutes authorization to check my employment history, including without limitations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local, or federal agency. I further authorize those persons, agencies, or entities that the Cape Elizabeth School Department contacts in connection with my employment application to fully provide the Cape Elizabeth School Department any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional stress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Cape Elizabeth School Department, its agents or officials, or against any provider of such information.

I understand that the information submitted in and with this application may be disclosed to a screening and/or interview committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Signature:

Date:

NOTICE: All application materials become the property of the Cape Elizabeth School Department. None will be returned. Providing any false or misleading information on this application or employment screening process shall be fully sufficient grounds to refuse to employ the applicant or, if the applicant has been employed, to immediately dismiss the applicant/employee.