SUBSTITUTE TEACHER APPLICATION

Ashland Public Schools
87 West Union Street
Ashland, Massachusetts 01721

Please Check:
_____ Long Term Sub
_____ Daily Sub

Name: First Middle Last Date

Address: Street Apt. # City State Zip Code

Email Address Preferred Phone Number - Please circle one: Home Cell

Degree(s) & Certifications(s)

Name of College/University Degree Year of Graduation

Name of College/University Degree Year of Graduation

Certification(s), if applicable Field Year State Certification Number

Professional References*

Name Phone Number Position Relationship to Applicant

Name Phone Number Position Relationship to Applicant

No family members, please.

Ashland Public School History

- Have you previously applied for employment at APS?
  (Please Circle): Yes No If yes, when?: _____
- Have you previously been employeed by APS?
  (Please Circle): Yes No If yes, when?: _____

Preference & Availability

- Do you have a preferred subject area? Yes _____ (subject) No
- What days are you available?

  All Days Monday Tuesday Wednesday Thursday Friday

- Please circle the schools in which you wish to substitute.

  All School High School (9-12) Middle School (6-8) David Mindess (3-5) Henry Warren (K-2) William Pittaway (Preschool) Special Education

Office Use Only

Interviewed by: _____ Date: _____

( )References ( ) CORI ( ) SAFIS ( ) HR Forms ( ) PAN
( ) 51A ( ) Ethics ( ) Sub Handbook ( ) Restraint & Antibullying ( ) AESOP