

Certification: _____
Transcripts: _____
TB Test: _____
Background Ck: _____

Employee #: _____

EAST PROVIDENCE SCHOOL DEPARTMENT
80 Burnside Avenue
East Providence, RI 02915
433-6270

APPLICATION FOR PLACEMENT ON DAY-BY-DAY SUBSTITUTE TEACHING LIST

ELEMENTARY/SECONDARY GRADES

Name: _____ Date: _____

Address: _____
Number & Street City State Zip Code Year of Residence

Telephone #: _____ Cell Phone #: _____ Social Security #: _____

EDUCATIONAL BACKGROUND:

High School Attended: _____ Number of Years Attended: _____ Year of Graduation: _____

College Attended: _____ Date: _____ Degree: _____

Student Training: Yes No

Number of Years Teaching Experience: _____

Last Employed in Teaching at: _____ Date: _____

_____ Date: _____

_____ Date: _____

CERTIFIED TO TEACH:

Elementary _____ Grades _____

Secondary _____ Grades _____

TEACHER'S CERTIFICATE NUMBER: _____ Expiration Date: _____

A reference in regard to teaching experience. (Name in full and mailing address)

Name	Address	City/State	Zip Code	Telephone #
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TEACHING EXPERIENCE, INCLUDING SUBSTITUTE AND STUDENT TEACHING:

<u>School Name</u>	<u>School District</u>	<u>City/State</u>	<u>Grade/Subject Taught</u>	<u>Years of Service</u>
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Please list any awards or recognitions you have received:

REFERENCES

Please list the names and address of three (3) references, excluding relatives. Applications should list professional references from school administrators, cooperating teachers, etc.

Name: _____

Address: _____ Telephone #: _____ Cell #: _____

Name: _____

Address: _____ Telephone #: _____ Cell #: _____

Name: _____

Address: _____ Telephone #: _____ Cell #: _____

In order for the application to be considered complete, three letters of reference, an official transcript and a copy of your teaching certification are required.

I certify that the statements made by me herein, and other information given by me pursuant to my application for employment to the East Providence School Department are true and complete and made in good faith. I understand that any misstatement or omission may be the basis for dismissal.

Signature

Date

The East Providence School Department is an equal opportunity/affirmative action employer which does not discriminate on the basis of age, sex, race, religion, national origin, color, or disability in accordance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and other applicable federal statutes.

EAST PROVIDENCE PUBLIC SCHOOLS
SCHOOL COMMITTEE
80 Burnside Avenue
East Providence, Rhode Island 02915

CRIMINAL BACKGROUND CHECK

The East Providence School Committee has the responsibility to comply with Federal and State mandated regulations. We as your cooperation in completing the following form to help us meet with requirements pursuant to Rhode Island General Statute (Criminal Background Check).

1. Were you ever known by any other name? If yes, please list the name(s) below.
 Yes No
2. Have you ever been convicted of a crime (felony or misdemeanor) either within or outside of the State of Rhode Island? Yes No

If so, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this form.

3. Are you currently enrolled in a program of deferred adjudication (e.g. accelerated rehabilitation, pre-trial drug or alcohol education)?

If so, identify the jurisdiction in which such program is pending and explanation of the nature of such program on a separate sheet of paper and attach to this form.

I understand that if I am employed by the East Providence School Committee, I will be required to submit to a State and national criminal history records check. I further understand and agree that if I have been convicted of a crime which had not been disclosed to the East Providence School Committee, the Committee may immediately terminate my contract of employment with the East Providence School Department.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, and academic institutions to supply any information regarding my background to the East Providence School Department and to its agents and employees, and I hereby release all such former employers, law enforcement agencies and academic institutions, their agents and employees from any liability arising from the supplying and use of such information.

Signature

Date

(Please Print Name)

