

SPECIAL SKILLS:

Do you hold a valid Driver's License? ___Yes ___No State: _____ Endorsement(s): _____	Clerical Applicants Only Can you type?: ___Yes ___No WPM: _____
<i>What machines are you familiar with that would apply to the position you are applying for?</i>	
<i>What other special skills do you have or licenses do you hold that may be relevant to this position?</i>	

EMPLOYMENT HISTORY: *Please list previous teaching/substituting experience or please list the last two (2) most current employers with all the information requested.*

Employer Name:	From (month/year)	To (month/year)
Employer Address:		
Employer Phone:	<i>May We Contact This Employer?</i> ___Yes ___No	
Title & Duties:		
Reason for Leaving:		
Employer Name:	From (month/year)	To (month/year)
Employer Address:		
Employer Phone:	<i>May We Contact this Employer?</i> ___Yes ___No	
Title & Duties:		
Reason for Leaving:		

LETTERS OF RECCOMENDATION: *Please provide three (3) signed letters of recommendation from people (not relatives) who are familiar with your work for the sub position you are applying for.*

OTHER INFORMATION; *The Augusta Board of Education is committed to conducting a thorough screening of applicants for all positions and requires the completion of the following questions of all candidates.*

Have you ever been disciplined, discharged or asked to resign from a prior position? Yes ___ No ___

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes ___ No ___

Has your contract in a prior position ever been non-renewed? Yes ___ No ___

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes ___ 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? Yes ___ No ___

If you have answered YES to any of the previous questions, provide full details on an additional sheet.

My signature below constitutes authorization to check my employment history, 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 Augusta School Department contacts in connection with my employment application to fully provide the Augusta 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 distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Augusta School Department, its agents and officials, or against any provider of such information.

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

I understand that providing false or misleading information on this application or in the 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.

Applicant's Signature

Date

APPLICATION CHECKLIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- _____ Application form fully completed
- _____ Application signed
- _____ Copies of Transcript(s), *if applicable*
- _____ Copies of Maine Certification(s)/Authorization(s), *if applicable*
- _____ YES to any of the questions in the Background section explained
- _____ Three (3) signed letters of recommendation

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE AUGUSTA SCHOOL DEPARTMENT. NONE WILL BE RETURNED.

The Augusta School Department is an Equal Opportunity/Affirmative Action Employer.

Revised November 2021

For Office Use Only

APPROVED TO SUB

Yes – Position(s) _____

No (Reason(s)) _____

Date: _____ *Initials:* _____

New Sub Hire Packet Mailed/Delivered: _____ *Initials:* _____

New Sub Hire Packet Received: _____ *Initials:* _____