

Office of the Superintendent of Schools
School Administrative Unit #67
32 White Rock Hill Road
Bow, NH 03304-4219

Fax: (603) 224-4111

Phone: 603-224-4728

Website: www.bownet.org

Dr. Dean Cascadden
Superintendent of Schools
E-mail: dcascadden@bownet.org

Duane Ford
Business Administrator
dford@bownet.org

SUB APPLICATION – 2011 – 2012 School Year

Please note: If you are hired by the Bow School District, please bring your NH Driver's License and your Social Security card to your appointment in the SAU Office (for payroll purposes).

M E M O

TO: Substitute Teacher / Nurse / Aide Applicant
FROM: Gayle Theos, Administrative Assistant to the Superintendent of Schools
SUBJ: **Application Process**

Thank you for your interest in becoming a substitute teacher, substitute nurse, substitute classroom aide, or substitute clerical assistant for the Bow School District. Before you complete the attached application, etc., I would just like to point out the requirements in order to work as a substitute for the Bow School District as follows:

- (1) To sub for a teacher or for a classroom aide, the applicant must have completed two years of college and have significant experience working with students in a school setting or be able to provide other evidence of ability to carry out job responsibilities. **To sub in a clerical position, no college education is required. Substitute nurses must be Registered Nurses and must hold a current nursing license.**
- (2) Applicants must be available to, and commit to, substitute for a "reasonable" length of time (for college students, the combination of college vacations, along with May – June, are reasonable and acceptable lengths of time).
- (3) Applicant **must** submit to fingerprinting and Criminal History Records Check.

The pay schedule for this school year is as follows:

2011 – 2012 SCHOOL YEAR

- Teachers, Classroom Aides, and Clerical / Secretarial Positions \$ 70.00 / Day
- Registered Nurse Subs \$130.00 / Day
- Long-Term Subs (**This applies to teacher subs & nurse subs only**) \$191.83 / Day

Your application packet includes three recommendation forms, each of which may be sent to a reference of your choice and returned to me by your reference or by you. Be sure to complete the top portion of the form to include listing your name and address and completing the statement relative to whether you wish the right to view the recommendation. Once all of your paper work is received in this office, one of our Assistant Principals should be contacting you soon to arrange an interview. You may provide letters in lieu of these forms, but **PLEASE NOTE THAT ALL LETTERS / FORMS MUST BE CURRENT (DATED NO EARLIER THAN SIX MONTHS AGO), MUST NOT BE SUBMITTED BY A FAMILY MEMBER, AND MUST BE SIGNED.**

After the interview process (and it is agreed that you are a good candidate), you will be asked to visit the SAU Office for the aforementioned Criminal History Records Check in accordance with New Hampshire Legislation that requires all people who work with School District children to do so. There is no charge to you for this process. Results from other districts may be shared with us in lieu of being fingerprinted again if the results are not older than 30 days (but, you must have requested and received a letter from the State stating such clearance). After 30 days, you must be fingerprinted again in any district in which you are applying.

If you have questions, please call me at 603-224-4728 or via e-mail at gtheos@bownet.org.

Thank you.

/gt

Attachments: 4

BOW SCHOOL DISTRICT

32 White Rock Hill Road
Bow, NH 03304
TEL: 603-224-4728
FAX: 603-224-4111

SUBSTITUTE TEACHER APPLICATION
(See Cover Memo Attached for Pay Rates)

NAME _____ TELEPHONE NO. _____

ADDRESS _____
Number & Street Town Zip Code

E-Mail Address: _____

I AM _____ AM NOT _____ CPR / AED CERTIFIED – (PLEASE CHECK ONE)

Educational Background (college, include dates): (Please do not state "See Resume".)

Subject major? _____ Are you certified to teach in NH? _____

List your experiences working in the field of education: _____

Grades and subjects for which you are qualified to teach, or that you feel you could handle (in order of preference):

Must list all places of residence covering a period of five (5) years:

	<u>Street Address</u>	<u>City, State, Zip</u>	<u>Approximate Dates</u>
•	_____	_____	_____
•	_____	_____	_____
•	_____	_____	_____
•	_____	_____	_____
•	_____	_____	_____

List names, addresses & phone numbers of three references to whom you will be mailing **Recommendation Forms**.

(Important: At least one reference must be a former employer and no references may be family members.)

Name/Address Telephone Number Relationship to Applicant

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Name/Address Telephone Number Relationship to Applicant

Have you ever been convicted of a felony? _____ If yes, please explain _____

Are there criminal charges pending against you at this time? _____

Circle day(s) you would be available: MON TUE WED THUR FRI

If you are a student, indicate the times of year you will be available: _____

SUBSTITUTE TEACHER EMPLOYMENT APPLICATION
Page Two of Two

Prior Employment History: (Please do not state "See Resume".)

Please list your places of employment during the past five years (with most current first):

<u>Place of Business</u>	<u>Address</u>	<u>Phone</u>	<u>Immediate Supervisor</u>	<u>Dates of Employment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that information given is true to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information given herein, or in interviews, may result in discharge.

Applicant's Signature

Date Signed

Rev. 9-7-11

To Whom It May Concern:

The person named below is applying to be a substitute teacher, substitute nurse, and / or substitute aide in the Bow School District and has listed you as a reference. Please complete the necessary information below and forward this form to the address listed below. Thank you for your assistance.

Candidate (please print)

Name _____

Address _____

Signature _____

_____ **I waive my right to view this recommendation**
_____ **I do not waive my right to view this recommendation**

TO BE COMPLETED BY REFERENCE:

How long have you known the candidate, and in what capacity? _____

Does this person deal with others in a positive manner? _____

Have you observed this person interacting with children? _____

Would you recommend this person to work with students? _____

Other Comments: _____

Signature of (reference): _____ Date: _____

Please print name: _____ Tel. No: _____

Title: _____

Reference, please return this form directly to the address below:

MS. GAYLE THEOS
Bow School District
32 White Rock Hill Road
Bow, NH 03304 or Fax to: 603-224-4111
gtheos@bownet.org

Thank you.

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