

HARTFORD SCHOOL DISTRICT

73 Highland Avenue
White River Jct., VT 05001

SUBSTITUTE TEACHER APPLICATION

For the position of _____
Indicate preferred grade(s), or if high school, subject(s)

APPLICATION OF:

M _____

Present address _____

Until _____ 20 _____ Phone _____

Permanent address _____

Phone _____

APPLICATION CONTENT:

Complete this form and attach the following documents as ordered below. Please note that by law, unlicensed persons may substitute for a maximum of 30 days per teacher absence.

1. Resume
2. Three letters of reference (1 from your most recent employer)

After your application has been approved, HR will contact you:

1. VCIC waiver form and fingerprints (applicant is responsible for all applicable fees. \$13.25 in cash or check for fingerprinting at the superintendent's office. We do not do the fingerprints on site, we will make an appointment for you to go to the Hartford Police Department. It will cost you another \$25 there.)
2. IDs for the I9: a passport or driver's license and social security card or driver's license and birth certificate.
3. W4

Note: The applicant should exercise great care in preparing this application.

Dishonesty and/or falsification of this application may be grounds for future dismissal, at the employers discretion.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER