

WESTON PUBLIC SCHOOLS

Central Office
24 School Road
Weston, CT 06883

Substitute Teacher Application

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number () _____ Social Security Number _____

Educational Preparation

College: _____

Degree/Diploma: _____

Date Graduated: _____

A copy of your college transcript and/or your Connecticut Teaching Certificate must be attached to this application.

Subject and Grade Level Preferences: Please indicate 1st and 2nd choices.

- | | | |
|---|--|---|
| <input type="checkbox"/> Self-contained classroom K-6 | <input type="checkbox"/> Math 7-12 | <input type="checkbox"/> Physical Education/Health K-12 |
| <input type="checkbox"/> Home Economics 6-8 | <input type="checkbox"/> Business Education 9-12 | <input type="checkbox"/> Art K-12 |
| <input type="checkbox"/> English/Language Arts 7-12 | <input type="checkbox"/> Music K-12 | <input type="checkbox"/> Technology 5-12 |
| <input type="checkbox"/> Social Studies 7-12 | <input type="checkbox"/> Spanish 3-12 | <input type="checkbox"/> Library K-12 |
| <input type="checkbox"/> Computer K-3 | <input type="checkbox"/> French 7-12 | <input type="checkbox"/> Science 7-12 |
| <input type="checkbox"/> Latin 9-12 | <input type="checkbox"/> Special Education K-12 | <input type="checkbox"/> Special Education Aide |
| <input type="checkbox"/> Special Education Pre K | <input type="checkbox"/> Gifted K-12 | |

Indicate Preference:

- | | | |
|--|--|--|
| <input type="checkbox"/> Elementary PreK-2 | <input type="checkbox"/> Intermediate School 3-5 | <input type="checkbox"/> Middle School 6-8 |
| <input type="checkbox"/> High School 9-12 | <input type="checkbox"/> Special Education | |

Please state limits of availability: _____

Professional Reference:

_____	_____
Name	Official Position
_____	_____
Address	Telephone Number

- Continue on back -

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

"I certify that I have never been convicted of a crime or that criminal charges are pending against me."

Signature of Applicant

Date

Weston Public Schools is an Equal Opportunity Employer

Your college transcript(s) and/or teaching certificate must be attached to this application.
Please mail to:

Weston Public Schools
Human Resources Department
24 School Road
Weston, CT 06484