

SCHOOL ADMINISTRATIVE UNIT 50
48 POST ROAD, GREENLAND, NEW HAMPSHIRE 03840
Phone (603) 422-9572 Fax (603) 422-9575

APPLICATION FOR SUBSTITUTE TEACHING

Name: _____ **Phone:** _____

Address: _____
Street/P. O. Box City/Town State Zip Code

Do you hold a New Hampshire Certificate? _____
Subject Area Expiration Date

Are you certified in another state? _____
State Subject Area Expiration Date

EDUCATION

High School and/or College Dates Attended Degree Earned

WORK EXPERIENCE

(Please list teaching experience giving dates, schools, grades/subjects taught, and any other work experience with children.)

Dates School Grade/Subject

REFERENCES

(References should have firsthand knowledge of your character, personality, and ability to work with children.)

Name Phone Email Address Occupation

1. _____

2. _____

3. _____

I wish to substitute at the following schools (Please check all that apply):

- Greenland Central School (K-8) Maude H. Trefethen School (K-6) Newington Public School (K-6)
 Rye Elementary School (K-5) Rye Junior High School (6-8)

I am available to substitute in the following areas (Please check all that apply):

Teacher – grade level or subject: _____ Para-Educator – grade level _____

Other (custodian, food service, office): _____

I understand that it is my responsibility to notify the SAU 50 office of any changes in any of the above information.

Signature of Applicant

Date