

REGIONAL SCHOOL DISTRICT # 13
135A Pickett Lane, P. O. Box 190, Durham, CT 06422

**SUBSTITUTE APPLICATION – TEACHER, TEACHER ASSISTANT,
REGISTERED NURSE**

APPLICANT INFORMATION

Social Security Number _____ Application Date _____

Last Name _____ First Name _____ Middle Initial _____

Street _____ City/Town _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ (✓) preferred method of contact

Are you a U. S. Citizen or authorized to work in the U S A? Yes No

Substitute Positions Applying For (check all that apply): Teacher Teacher Assistant Nurse

EDUCATION

High School: _____ From – To: _____ Graduate Yes No

College: _____ From – To: _____ Graduate Yes No

Area of Study _____ Degree Conferred or total credits received: _____

College: _____ From – To: _____ Graduate Yes No

Area of Study _____ Degree Conferred or total credits received: _____

Do you have a teaching certificate? Yes No

Attach proof of college attendance and/or resume if applicable. The State of Connecticut requires a 4 year degree to be eligible to substitute teach or a waiver approved by the Connecticut State Department of Education. Teaching Assistant substitutes require a high school diploma; Associates Degree or higher preferred. Nurse substitutes must submit a copy of current CT license.

EXPERIENCE

Please list teaching/nursing experience (including substituting) or any other experience working with school age children:

Where Year(s)

SUBSTITUTE REQUESTS

Grade levels you are willing to substitute for (Check one or more): Elementary (K-5) Middle (6-8) Secondary (9-12)

Subject(s) in which you feel most competent _____

Would you be willing to substitute in other areas if needed? Yes No

Special Notes: (days unavailable, amount of warning needed, etc.) _____

EMERGENCY CONTACT

In case of an emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

