

# **Scituate Public Schools**

*606 Chief Justice Cushing Highway  
Scituate, MA 02066  
Telephone: 781-545-8759 X-300*

**November, 2011**

## **NOTICE TO ALL PROSPECTIVE SUBSTITUTE TEACHERS, NURSES, CUSTODIANS, CAFETERIA WORKERS AND SUPPORT STAFF**

**In order to be considered for employment as a substitute in the Scituate Public Schools, you must come to the Business Office at the address above between the hours of 9:00 am – 4:00 pm to complete a substitute packet. We will also need a copy of your driver's license, original social security card, and, in the case of substitute teachers, a copy of your degree or transcript. Substitute nurses should also bring a copy of their nursing license.**

**The Business Office is located at 606 Chief Justice Cushing Highway in Scituate. Please feel free to call the above mentioned number if you have any questions.**

**Thank you for your interest.**

SCITUATE PUBLIC SCHOOLS  
Administration Office  
606 Chief Justice Cushing Highway  
Scituate, MA 02066

Contact: Andrea Cochran  
Business Office  
781-545-8759 X-300  
acochran@scit.org

**SUBSTITUTE TEACHER APPLICATION**

Application for employment as: Elementary Teacher \_\_\_\_\_ Grades \_\_\_\_\_  
Secondary Teacher \_\_\_\_\_ Grades \_\_\_\_\_  
Nurse \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No. & Street City State, Zip

e-mail address \_\_\_\_\_

EDUCATION

	Institution	Dates Attended	Completed Course(s)	Year of Graduation	Degree(s) Certificate
High School					
College or University					
Additional Education Courses					

Please attach transcript or copy of degree to application.

MAJOR(S) IN COLLEGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MINOR(S) IN COLLEGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mass. Certification No. \_\_\_\_\_

Area(s) of Certification \_\_\_\_\_

EMPLOYMENT HISTORY

School/Company

Position/Dates Employed

Contact

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**REFERENCES**

Give names of individuals who have first-hand knowledge of your character, personality and ability.

Name

Address Position

Telephone Number

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I authorize the Scituate Public Schools to contact employers and references listed on this application. I certify that my statements on this application are true. I understand that any misrepresentations or omissions of facts may be considered cause for dismissal if subsequently employed by the Scituate School Committee, Scituate, Massachusetts.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Interview -

Date \_\_\_\_\_  
Time \_\_\_\_\_

\_\_\_\_\_ Recommended  
\_\_\_\_\_ Not Recommended