Please attach resume and copy of teacher certification, if applicable, or copy of transcripts with degree award.

## **LISBON PUBLIC SCHOOLS**

15 Newent Road Lisbon, CT 06351 (860) 376-5565

## **SUBSTITUTE TEACHING APPLICATION**

NAME			DATE			
Address			Phone #			
City/State/Zip			Cell #			
E-mail Address						
Check all that apply:						
Preschool	2 <sup>nd</sup> Grade	5 <sup>th</sup> Grade	Special Ed.	Computer		
Kindergarten	3 <sup>rd</sup> Grade	6 <sup>th</sup> Grade	Art	Library		
1 <sup>st</sup> Grade	4 <sup>th</sup> Grade	Jr. High	Music	Gym		
Other:				_		
I hold Connecticut certification types and endorsements (please attach copy)						
Are you a Retired Teacher Yes No						
Dates Available:						
Have you previously substituted at LCS? If so, when?						
Have you been EpiPen Trained? If so, when/where?						
I am interested in being trained to work with Special Education students Yes No						
Graduate of:						
# Years	s Attended	<u>Degree</u>	Name of So	<u>:hool</u>		
High School				_		
College				_		
College						
College						
Experience:						

(over)

**THE LISBON BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER**. It is the policy of the Lisbon Board of Education to recruit, select and employ the best qualified person on the basis of their merit and effectiveness without discrimination as to their natural origin, ancestry, race, color, sex, age, marital status, physical disability, or other applicable unlawful discriminatory standards.

1)	Have you ever been convicted of a crime?				
	Yes	No	If yes, give details		
2)			rges currently pending agai Please explain		
3)	Are you a U.S.	Citizen?			
	Yes	No	If no, what kind of visa	a do you hold?	
			Visa Expiration	Date:	
4)	Have you been	fingerprinted v	vithin the last twelve month	s?	
	Yes	No	If yes, where: _	(please provide proof)	
				(please provide proof)	
ŕ	commenceme	nt of employm	nent. A signed release is	•	
	ure of the charge			It in a rejection of my application but that lates to the performance of the job duties	
				employment. The Lisbon Public Schools of Education as required by law.	
answer	rs and that the re	esponses giver th. I understa	n are true, complete and ac	cications in the foregoing statements and occurate to the best of my knowledge and ation, omission or falsification, may be	
Signatu	ure			Date	
OFFIC	E USE ONLY				
	Date m	et with Adminis	strator		
	Received Substitute Handbook				
	Receive	ed Allergy Polic			