

*School Administrative Unit 67
Bow and Dunbarton, New Hampshire School Districts
55 Falcon Way
Bow, NH 03304-4219*

Phone: 603-224-4728

Website: www.bownet.org

Fax: 603-224-4111

Dr. Dean S. T. Cascadden
Superintendent of Schools

Mr. Duane C. Ford
Assistant Superintendent

Ms. Tamara A. MacAllister
Director of Student Services

Dr. Donald R. Gage, II
Director of Curriculum

Please note: (1) Prior to applying, please be aware that you may receive morning phone calls as early as 5:00 a.m. (2) If you are called in for an interview, there is a chance you will be hired at that time so please bring your Driver's License and your Social Security card to your appointment in the SAU Office (for payroll purposes).

M E M O

TO: Substitute Teacher / Nurse / Aide Applicant
FROM: Gayle Theos, Office Manager – School Administrative Unit 67
SUBJ: **Application Process**
DATE: _____

SCHOOL DISTRICT TO WHICH I AM APPLYING: BOW _____ DUNBARTON _____ (Please check one or both.)

Thank you for your interest in becoming a substitute teacher, substitute nurse, or substitute classroom aide for the **Bow School District and / or the Dunbarton School District**. Before you complete the attached application, etc., I would just like to point out the requirements in order to work as a substitute for either District as follows:

- (1) In order to sub for a teacher, the applicant must have completed at least two full years of college. In order to sub for a classroom aide, the applicant must have completed high school and have significant experience working with students in a school setting or be able to provide other evidence of ability to carry out job responsibilities. **Substitute nurses must be Registered and must hold a current nursing license.**
- (2) Applicants must be available to, and be willing to commit to, substitute for a "reasonable" length of time (for college students, the combination of college vacations, along with May – June, are reasonable and acceptable lengths of time).
- (3) Applicant **must** submit to fingerprinting and Criminal History Records Check or provide a letter of clearance (**they are only good for 30 days**) you obtained when applying at another NH school district.

The pay schedule for this school year is as follows:

2015 – 2016 SCHOOL YEAR

- Teachers and Classroom Aides \$ 75.00 / Day
- Registered Nurse Subs \$130.00 / Day
- Long-Term Subs (**This applies to teacher subs & nurse subs only**) \$ 211.70 / Day

Your application packet includes three recommendation forms, each of which may be sent to a reference of your choice and returned to me by your reference or by you. Be sure to complete the top portion of the form to include listing your name and address and completing the statement relative to whether you wish the right to view the recommendation. Once all of your paper work is received in this office, one of our Assistant Principals should be contacting you soon to arrange an interview. You may provide letters in lieu of these forms, but **PLEASE NOTE THAT ALL LETTERS / FORMS MUST BE CURRENT (DATED WITHIN THE LAST SIX MONTHS), MUST NOT BE SUBMITTED BY A FAMILY MEMBER, AND MUST BE SIGNED.**

After the interview process (and it is determined that you are a good candidate), you will be asked to visit the SAU Office for the aforementioned Criminal History Records Check in accordance with New Hampshire Legislation that requires all people who work with School District children to do so. There is no charge to you for this process. Results from other districts may be shared with us in lieu of being fingerprinted again if the results are not older than 30 days (but, you must have requested and received a letter from the State outlining such clearance). After that 30-day letter has expired, you must be fingerprinted again in any district in which you are applying.

If you have questions, please call me at 603-224-4728 or via e-mail at gtheos@bownet.org

Thank you.

/gt

Attachments: 4

SCHOOL ADMINISTRATIVE UNIT 67
55 Falcon Way – Bow, NH 03304
TEL: 603-224-4728 ■ FAX: 603-224-4111
Website: www.bownet.org

SUBSTITUTE TEACHER APPLICATION
(See Cover Memo Attached for Pay Rates)

NAME _____ TELEPHONE NO. Cell: _____

Home: _____

ADDRESS _____
Number & Street Town Zip Code

I AM APPLYING TO SUB FOR: (1) Teachers (2) Classroom Aides (3) Both
(Requires 2 Yrs. College) (Requires High School Diploma) (Requires 2 Yrs. College)

E-Mail Address: _____

I AM _____ AM NOT _____ CPR / AED CERTIFIED – (PLEASE CHECK ONE)

Educational Background (college, include dates): (Please do not state "See Resume".)

Subject major? _____ Are you certified to teach in NH? _____
List your experiences working in the field of education: _____

Grade Levels and Subject Preferences: Please indicate any that you feel you are qualified to teach, or that you feel you could handle (in order of preference):

Must list all places of residence covering a period of five (5) years:

Table with 3 columns: Street Address, City, State, Zip, Approximate Dates. Includes a bulleted list of rows for residence information.

List names, addresses, phone numbers, and relationship to you of three references to whom you will be mailing Recommendation Forms or from whom you will be obtaining letters of recommendation:

(Important: At least one reference should be a former employer (when possible) and no references may be family members.)

Table with 3 columns: Name/Address, Telephone Number, Relationship to Applicant. Three rows for reference information.

Have you ever been convicted of a felony? _____ If yes, please explain _____

Are there criminal charges pending against you at this time? _____

Circle day(s) you would be available: MON TUE WED THUR FRI

If you are a student, indicate the times of year you will be available: _____

SUBSTITUTE TEACHER EMPLOYMENT APPLICATION
Page Two of Two

Prior Employment History: **(Please do not state "See Resume".)**

Please list your places of employment during the past five years (with most current first):

<u>Place of Business</u>	<u>Address</u>	<u>Phone</u>	<u>Immediate Supervisor</u>	<u>Dates of Employment</u>
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I certify that information given is true to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information given herein, or in interviews, may result in discharge.

I also understand that I may receive morning phone calls as early as 5:00 a.m. to prepare to come in to sub for the day.

Applicant's Signature

Date Signed

TO APPLICANT: You may use these forms for your references or you may submit letters; however, the letters must be dated within the last six months – they also must be signed. Thank you.

To Whom It May Concern:

The person named below is applying to be a substitute teacher, substitute nurse, and / or substitute aide in the Bow School District and has listed you as a reference. Please complete the necessary information below and forward this form to the address listed below. Thank you for your assistance.

Candidate (please print)

Name _____

Address _____

Signature _____

_____ **I waive my right to view this recommendation**
_____ **I do not waive my right to view this recommendation**

TO BE COMPLETED BY REFERENCE:

How long have you known the candidate, and in what capacity? _____

Does this person deal with others in a positive manner? _____

Have you observed this person interacting with children? _____

Would you recommend this person to work with students? _____

Other Comments: _____

Signature of (reference): _____ Date: _____

Please print name: _____ Tel. No: _____

Title: _____

Reference, please return this form directly to the address below:

MS. GAYLE THEOS, Office Manager
School Administrative Unit 67
55 Falcon Way
Bow, NH 03304 or Fax to: 603-224-4111
gtheos@bownet.org

Thank you.

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