



Hampton School District School Administrative Unit 90

6 Marston Way, Hampton, NH 03842
Phone 603-926-4560 – Fax 603-926-5070

Substitute Application

(Please read carefully)

NOTE: Teacher, Nurse, Teacher Aide, Office, Library, Cafeteria and Custodian substitutes – please attach resume. For Nurse substitute, a NH License is required. Resume, copies of transcripts, NH Certification – if certified, or NH License (Nurse) are acceptable and **MUST** accompany this application when submitted to this office.

Please check applicable area desired:

Teacher Nurse Teacher Aide Office Library Cafeteria Custodian

PLEASE PRINT ALL INFORMATION

Name in Full:		Address:		
Phone Number:		Cell Phone Number:		
City/Town:		State:	Zip Code:	
High School Attended:		Year Graduated:		
Bachelor's Degree College/University:		Graduation Year:		
BA Major:		BA Minor:		
Master's Degree College/University:		Graduation Year:		
MA Major:		Member of NH Retirement System:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification(s):		State:		

EXPERIENCE – Please list below
(Teachers – indicate whether “teacher” or “substitute”)

Location	Position	Dates

(continued, over please)
Please complete both sides

REFERENCES – Give at least three references, with firsthand knowledge of your character, personality, scholastic and teaching ability

Name	Position	Address	Phone Number

I will be available during the school year on a substitute basis in the Hampton School District

Checked Below:

Centre (Preschool, K, 1, 2) Marston (3, 4, 5) Hampton Academy (6, 7, 8)

I believe that I can substitute adequately in the grades and/or subjects listed below:

Centre School:	<input type="checkbox"/>	Marston School:	<input type="checkbox"/>	Hampton Academy:	<input type="checkbox"/>
Pre K	<input type="checkbox"/>	Grade 3	<input type="checkbox"/>	Grade 6	<input type="checkbox"/>
K	<input type="checkbox"/>	Grade 4	<input type="checkbox"/>	Grade 7	<input type="checkbox"/>
Grade 1	<input type="checkbox"/>	Grade 5	<input type="checkbox"/>	Grade 8	<input type="checkbox"/>
Grade 2	<input type="checkbox"/>				

I am available to substitute every day during the school year and anytime during the regular school day, except: (List days, hours, weeks and/or months when unavailable)

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Month(s)	Unavailable Dates:

I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE SAU OFFICE OF ANY CHANGES IN THE ABOVE INFORMATION.

Except for minor traffic violations, have you ever been arrested/convicted of a crime that has not been annulled by a court of law? ___ Yes (if so, please attach explanation) ___ No

Are you legally eligible for employment in the United States? _____

I give my permission to SAU 90 Administrators and staff to review my credentials, license, and consult with references and other civil authorities in order to verify information submitted in this application. I also understand that employment is conditional, pending a satisfactory Criminal History/Fingerprinting check. (RSA 189:13-a)

Signature:		Date:		
Email Address:		Alternate Phone Number:		
Principal's Signature:		Date:		School: <input type="text"/>
Restrictions:				
<input type="checkbox"/> Approved			<input type="checkbox"/> Not Approved	

SAU 90 is an equal opportunity employer and affirm their position of compliance with applicable State and Federal laws of non-discrimination on the basis of race, color, national origin, religion, gender, disability, age or marital status.