

Substitute Application

Oxford Public Schools
1 Great Hill Road
Oxford, Connecticut 06478-1909
Phone: (203) 888-7754
Fax: (203) 888-5955
Website: www.oxfordpublicschools.org

Personal Data		
Name	Telephone	Social Security Number
(first) (m.i.) (last)	(area code) (number)	
Present Address		
(street)	(city)	(state) (zip)
Permanent Address (if different from above)		
(street)	(city)	(state) (zip)
Position Desired		
<input type="checkbox"/> Substitute Teacher (include a copy of transcript verifying degree or, if certified a copy of certification)		
<input type="checkbox"/> Substitute Nurse (include a copy of registered nurse license)		
<input type="checkbox"/> Substitute Aide/Clerical		
<input type="checkbox"/> Substitute Custodian		
Assignments Desired		
List Grade(s) or Subjects preferred _____		
List Grade(s) or Subjects you would serve _____		
Comments _____		

Educational Preparation (include high school, colleges & universities attended)						
Type of School	School Name	Location (city-state)	Date Entered	Date Left	Degree	Course of Study
High School						
College or University						
Other						

References (do not list former supervisors)		
Name	Address	Telephone Number

Performance of Duties

Is there anything that will prevent you from performing the duties of the position for which you are applying?
 NO ___ YES ___ If yes, explain: _____

How do the tasks performed and the responsibilities assigned in the position(s) you have previously held relate to those outlined in the job description? _____

What are the principal reasons which made you feel you would be well suited for this position? _____

Add here any additional information which you believe will assist us in arriving at a true estimate of your qualifications. _____

Fingerprint Information

All substitutes must be fingerprinted for purposes of a criminal history records check. Fingerprinting maybe processed through your local police department, Oxford Police Department, ACES of Hamden, Education Connection located in both Litchfield and Danbury CT, or at the Oxford Board of Education Office.

In accordance with Public Act # 94-221 please answer the following questions by checking the appropriate box:

<p>Have you ever been convicted of a felony or any other criminal offense, either within or outside the State of Connecticut?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>If yes, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this application.</p>	<p>Are any criminal charges currently pending against you either within or outside the State Connecticut?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and give an explanation on a separate sheet of paper and attach to this application.</p>	<p>Are you currently enrolled in a program of deferred adjudication (e.g., accelerated rehabilitation, pre-trial drug or alcohol education pursuant to CGS §54-56g)?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>If yes, identify the jurisdiction in which such program is pending and give an explanation of the nature of such program on a separate sheet of paper and attach to this application.</p>
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I understand that if I am employed by the Oxford Board of Education I will be required to submit to a state and national criminal history records check for a period of 90 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Oxford Board of Education, the Board may immediately terminate my contract of employment (certified employee position) or dismiss me (non-certified employee position) in accordance with the provisions of Public Act No. 94-221.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, and academic institutions to supply any information regarding my background to the Oxford School District and to its agents and employees, and I hereby release all such former employers, law enforcement agencies, credit agencies and academic institutions, their agents and employees from any liability arising from the supplying and use of such information.

In accordance with Public Law # 91-508 we are required to advise you of the following:

Inquiries may be made during our processing of this application to obtain information concerning your character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of any such inquiries will be provided.

Notice of Non-Discrimination

The Oxford School District does not discriminate on the basis of race, color, national origin, religious beliefs, disabilities, sex, or age, in admission to, access to, treatment in, or employment in its programs and activities. The coordinator of the district's efforts to comply with section 504 of the Rehabilitation Act of 1973 and Title VI is the Director of Special Services, 1 Great Hill Road, Oxford CT 06478 (203)881-2599 The coordinator of the district's efforts to comply with Title IX of the Education Amendments of 1972 is Mrs. Sondra Angelucci, Great Oak Middle School, 50 Great Oak Road, Oxford, CT 06478 (203)888-5418. Any inquiries regarding the application of the District's non-discrimination policy may be referred to the Coordinator or the Regional Director, U. S. Department of Education Office for Civil Rights, J. W. McCormack Post Office and Courthouse, Room 222, Boston, Massachusetts, 02109-4557.

I authorize all persons and entities to supply any information regarding my background and former employment to the Oxford Board of Education and its agents and employees and hereby release the same and any such persons or entities from any liability arising from the supplying and use of such information.

I certify that statements made in this application are true and correct to the best of my knowledge and recognize that any deliberate falsification could result in termination of employment with the school district.

I hereby acknowledge that I have read the above statements and understand them.

Signature _____

Date _____