

**ERVING SCHOOL UNION #28**

**PO Box 7**

**Erving, MA 01344**

**(413) 423-3337**

**SUBSTITUTE TEACHER/AIDE/TUTOR APPLICATION**

---

First Middle Last

---

Address

---

Area Code/Phone Number E-Mail Address

Are you a certified teacher? \_\_\_ Yes \_\_\_ No Are you a retired teacher? \_\_\_ Yes \_\_\_ No

Certification Number: \_\_\_\_\_ (Please attach copy of license)

Are you interested in being a tutor? \_\_\_ Yes \_\_\_ No

**RANK OR CHECK THE SCHOOLS IN WHICH YOU PREFER TO WORK:**

\_\_\_ Erving \_\_\_ Leverett \_\_\_ Shutesbury \_\_\_ Swift River

DAYS and TIMES AVAILABLE: DAYS \_\_\_\_\_ TIMES \_\_\_\_\_

SUBJECT PREFERENCES: (i.e. Music, P.E., etc.) \_\_\_\_\_

**EDUCATIONAL PREPARATION:**

School/Location Major/Minor Degree Dates Attended

---

**TEACHING EXPERIENCE (List by most recent experience)**

From To School & Supervisor City/Town State Grades/Subjects

---

**OTHER PROFESSIONAL AND WORK EXPERIENCES: (List by most recent experience)**

From To Position and Supervisor City/Town State Brief Job Description

---

**REFERENCES: Please list 2 References**

Name & Address Telephone Number Occupation

---

**As of January 2013, state law requires all school employees to be fingerprinted. Are your fingerprints on file with a Massachusetts school district? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please provide documentation / contact information \_\_\_\_\_**

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

\_\_\_\_\_  
Date