

SUBSTITUTE TEACHER APPLICATION DERBY PUBLIC SCHOOLS

P.O. Box 373, Derby, CT 06418
(203) 736-5027 – Fax (203) 736-5031 – www.derbyps.org

THIS FORM MUST BE ON FILE WITH THE DERBY PUBLIC SCHOOL SYSTEM ALONG WITH FINGERPRINT PROCESSING DATE BEFORE ANY SUBSTITUTING CAN BEGIN.

Name _____
Date

Address _____
Phone

City, State Zip _____
SS#

College Attended _____
Yr. Grad.

Degree _____
Major _____
Minor _____

Tch. Certification # / non certified

Teaching Experience:

Grade Preference: All K-3 K-6 7-12 9-12
Will you consider: Art Music Special Ed. Physical Ed.

Days Available: _____ Starting Date _____

What other town's substitute list are you presently on?

For office use only:

APPL _____ W4 _____ CTW4 _____ MED _____ PRINTS _____

CRC _____ ED174 _____ AAQ _____ PI _____

REQUIRED STATEMENT FROM CANDIDATE

Your application for employment will not be processed without this section completed, signed and dated. If you are hired by the Board, you will be required to submit to a state and national criminal record check within thirty (30) days of employment.

For the following questions, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §46B-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.

Check all statements below that apply, sign and date:

- At the time of submitting this application, I have been convicted of a crime.
- At the time of submitting this application, I have criminal charges pending against me.
- At the time of submitting this application, I have **NOT** been convicted of a crime.
- At the time of submitting this application, I do **NOT** have criminal charges pending against me.

If line 1 or line 2 above have been checked, please provide a statement below explaining the crime or charges. You may provide appropriate attachments if needed.

Print Name _____

Signature

Date

“AN EQUAL OPPORTUNITY EMPLOYER”

AFFIRMATIVE ACTION QUESTIONNAIRE

Derby Public School District

35 Fifth Street – P.O.Box 373, Derby, CT 06418

Phone (203) 736-5027 – Fax (203) 736-5031 – Website: www.derbyps.org

Instructions:

Each applicant for employment with the Derby Board of Education is requested to provide the following information for Affirmative Action reporting purposes. This form will be separated from the filed application and the information contained herein will not be considered in the employment process.

COMPLETION OF THIS FORM IS PURELY VOLUNTARY

1. Ethnic Racial Status (Please check one)

- African American
- American Indian
- Asian American
- Caucasian
- Hispanic
- Other

2. Sex

- Male
- Female

3. Type of work desired (Please indicate one preference)

- Administrative
- Teacher
- Paraprofessional
- Clerical
- Custodial/Maintenance
- Nurse
- Other

4. How did you hear about this job?

- Private Employment Agency
- Connecticut Employment Service
- Professional Organization
- Minority Agency Indicate Name _____
- Newspaper Indicate Name _____
- Radio/Television
- A current employee
- Website Indicate Name _____
- Other Please Specify _____

DERBY PUBLIC SCHOOLS

PERSONNEL OFFICE

PERSONAL INQUIRY WAIVER

As an applicant for a position with the Derby Public Schools, I am required to furnish information for use in determining my moral, physical and mental qualifications.

In this connection, I authorize the release to a representative of the Derby Public Schools any and all information that you have concerning me, my work record, and my reputation, including information of a confidential or privileged nature. I understand that in executing this authorization, I waive the right for such information to be privileged to the Derby Public Schools and its representative.

Included in this waiver is the right of the Derby Public Schools to obtain any and all police records should they exist.

I hereby release you, your organization, or your employer or agent from any liability or damage which may result from furnishing the information requested.

Applicant's Signature _____
Name/Printed or Typed _____
Address _____
City/State/Zip _____
Social Security Number _____
Date of Birth (optional) _____

DERBY PUBLIC SCHOOLS

Derby, Connecticut

REQUIRED OF ALL NEW APPOINTEES

Name of Employee

TUBERCULIN SKIN TEST EVALUATION CERTIFICATE

The above named employee is required to have an interadermal PPD, read and recorded 48-72 hours within 1 year of employment. Evidence of appropriate follow-up of positive test is required.

Date: _____

Signature of doctor

Address

This certificate to be submitted to the Superintendent of Schools prior to assignment as an employee in the Derby Public Schools.