

If you wish to apply for a substitute teacher position with our school district, you must complete and return this form to the address below. You will be called only after a background check has been completed. References and phone numbers must be current. At that time you will return to the Central Office for fingerprinting and to complete a Criminal Records Form. This process must be completed before you can sub.

The reverse side of this substitute teacher application form must be completed and signed

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT S.A.U. No.49
PO Box 190, Wolfeboro Falls, New Hampshire 03896-0190
Telephone (603) 569-1658 Fax (603) 569-6983 - www.govwentworth.k12.nh.us

NAME _____ 21 years or older? ___ YES ___ NO (required by GWRSD Policy)
 AVAILABILITY: Are you available to sub during the entire year? ___ YES ___ NO (If no, when? _____)

SOCIAL SEC.# _____ DATE _____
 PO Box (if applicable) _____ Telephone _____
 Street _____
 City _____ State _____ Zip _____

SAU office use only
 Fingerprinted On: _____
 W-4 Needed / Done _____
 I-9 Needed / Done _____
 Fee Collected _____

CERTIFIED? Yes ___ No ___ If certified, a copy of your certification must be returned with this form.

CURRENT CERTIFICATION (Candidates must be complete when listing this information)

What certifications do you hold?
 Field State Date of Issue/Expiration

EXPIRED CERTIFICATION (Candidates must be complete when listing this information)

Field State Date of Issue/Expiration

For office use only
 Reference Check OK ___
 Ref. Check NOT OK ___
Principal must initial one of the above

PLEASE INDICATE YOUR CHOICE (Check as many schools as you would like.)

ELEMENTARY SCHOOLS:
 ___ Effingham ___ Carpenter ___ Crescent Lake
 ___ New Durham ___ Ossipee ___ Tuftonboro

SECONDARY SCHOOLS:
 ___ Kingswood Regional High School ___ Kingswood Regional Middle School

EDUCATION SUMMARY _____

TEACHING EXPERIENCE _____

REFERENCES List four references, three of which will be checked prior to working in the district. You must include your most recent employer. Delays often occur when phone numbers are incorrect. Please check them for accuracy. Your employment depends on this accuracy. **We will not call a reference more than 3 times.**

RELATIONSHIP	NAME & POSITION	ADDRESS	PHONE #
<i>Most Recent Employer</i>			

Equal Opportunity Employer

YOU MUST SIGN IN BOTH PLACES BELOW

ASSURANCES

My signature certifies:

1. With the exception of a misdemeanor, I have never been convicted of a criminal offense nor have criminal charges pending against me. Further, I certify that I have never been arrested for any offense involving sexual misconduct or moral turpitude.
2. That the facts contained in this application are true and complete to the best of my knowledge and belief. I acknowledge and understand that the superintendent of schools (and/or designee), and the school board will be relying on the information contained in this application, and that the information is complete and accurate. I further understand and agree that, if employed, any falsified statements or any material half-truths, material misstatements or omissions on this application, without full disclosure of all relevant facts, shall be grounds for my immediate dismissal from employment with the school district.
3. That, if hired, I will report to my school principal and/or the superintendent of schools, any suspicions that another employee may be involved in any illegal or immoral acts.
4. I understand that, under New Hampshire state law, no final offer of employment can be made by the Governor Wentworth Regional School District unless and until successful completion of a background check, including a criminal history records check, has been confirmed by the Governor Wentworth Regional School District.
Accordingly, I understand and acknowledge that any offer made by the Governor Wentworth Regional School District, its officials, agents, or assigns, whether by formal vote of the Board, written or verbal notification, or other means, is conditional and will become void and be withdrawn if warranted by the results of the criminal history records check.

N.H. RSA 641:3 Unsworn Falsification. A person is guilty of a misdemeanor if:

- I. s/he makes a written false statement which s/he does not believe to be true, on or pursuant to a form bearing notification authorized by law to the effect that false statements made therein are punishable; or
- II. with a purpose to deceive a public servant in the performance of his official function, s/he (a) makes any written false statement which s/he does not believe to be true; or (b) knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or (c) submits or invites reliance on any writing which s/he knows to be lacking in authenticity; or (d) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which s/he knows to be false.
- III. No person shall be guilty under this section if s/he retracts the falsification before it becomes manifest that the falsification was or would be exposed.

Signature of Applicant

Date

RELEASE

I _____, have applied for a position as a SUBSTITUTE TEACHER with the Governor Wentworth Regional School District. I hereby grant permission to the Governor Wentworth Regional School District to conduct an investigation of my background, including education, employment, health, credit, reputation, military records, criminal history records and any other factors which the Governor Wentworth Regional School District may deem proper and necessary in order to properly assess my character and background.

I give my permission for any person, business or institution contacted in the course of such investigation to release any and all information properly requested, including the entire contents of my personnel file, and photocopies of the same if requested. I do hereby release such person, business, or institution from all liability for providing correct information. I further release such person, business or institution from any previous agreement, verbal or written, which would prohibit the release of information pertinent to the investigation by the Governor Wentworth Regional School District.

I recognize the right of the Governor Wentworth Regional School District to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Signature of Applicant

Date

Signature of Witness

Date

NOTE: SUBSTITUTES WILL BE REQUIRED TO PAY THE NOMINAL FEE FOR FINGERPRINTING. THIS FEE WILL BE REIMBURSED TO THE SUBSTITUTE FOLLOWING THE 10TH TIME SUBSTITUTING IN G.W.R.S.D. IN THE SAME ACADEMIC SCHOOL YEAR.