

David Ryan, Ed.D.
Superintendent

Jane Fortson, CPA
Business Administrator

HINSDALE

SCHOOL DISTRICT

Patricia Wallace, M.Ed., CAGS
Director of Student Services

Karen Thompson, M.Ed.
Director of Academics and Career
Readiness

49 School Street, P.O. Box 27 | Hinsdale, NH 03451 | 603-336-5728 | www.hnhsd.org

SUBSTITUTE TEACHER/ PARA APPLICATION

NAME: _____

ADDRESS: _____

Street

City

State

Zip Code

TELEPHONE # _____ E Mail _____

(this number is a number that you can be reached at all times)

I HAVE MY TEACHER'S CERTIFICATION: YES _____ NO _____

I AM A COLLEGE STUDENT AND AVAILABLE TO SUB: *(please list days or college breaks you will be available)*

I AM AVAILABLE on the following days: _____

I would prefer the following grade levels: *(please check all that apply)*

_____ Teacher _____ Para

_____ Pre-K-K _____ 1-3 _____ 4-5 _____ 6-8 _____ 9-12

I AM AVAILABLE TO SUB IN THE FOLLOWING SCHOOLS:

_____ Hinsdale Elementary School Pre-K through 5th

_____ Hinsdale Middle School 6th through 8th

_____ Hinsdale High School

EDUCATION:

List the names of all educational institutions attended, their location, dates – beginning with High School

School/College & location	Dates Attended	Degree Earned
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TEACHING EXPERIENCE:

OTHER WORK EXPERIENCE:

Name and location	Date	Reason for leaving
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PERSONAL DATA:

My health condition allows me to carry out the normal duties of a TEACHER: Yes___ No___

Have you ever been convicted of a crime (including driving while impaired or its equivalent, but excluding minor motor vehicle offenses) that has not been annulled by a court of law? If yes, explain. Yes___ No___

Hinsdale School District

By my signature below, I authorize the Hinsdale School District to conduct any and all inquiries that the Administration may deem necessary or advisable in order to verify the information provided by me in this application. I certify that the information given is true and complete to the best of my knowledge and belief. I understand that any statement I have furnished which is shown to be false when made will be cause for disregard of this application or will be cause for my immediate dismissal if I have been hired. I authorize any former employer, or any other person, firm, corporation, credit agency or government agency to provide the Hinsdale School District with any information concerning me. In addition, I release such employer, person, firm, corporation, credit agency or government agency from any previous agreement, verbal or written, which would prohibit the release of information pertinent to my application for employment within the Hinsdale School District. I release and hold harmless the Hinsdale School District, its school districts, and such providers of information about me from any liability which results from the furnishing and review of this information.

Signature of applicant

Date