

Lisbon Central School

15 Newent Road
Lisbon, CT 06351
www.lisbonschool.com

Dear Substitute,

Thank you for your interest in substituting at Lisbon Central School.

I am enclosing an application for the 2011 – 2012 school year for you to complete and return to me at your earliest convenience. Substitute rates are \$70/day for uncertified subs and \$80/day for certified subs. Please call (860) 376-2403 ext. 0 to schedule a short interview with one of our Administrators. This needs to be done in addition to proof of fingerprinting before your name will be activated on our substitute list.

In order to substitute for certified staff, you must hold a Bachelor's Degree and / or be certified. This is due to a State of CT law that became effective July 1, 2009.

Due to the many allergies that students have, it is HIGHLY recommended that you contact the school nurse to get EpiPen trained. Also, if you are interested in being trained to work with our special education students (both elementary and high school), please indicate this on your application.

If, over the course of the year, your status changes and you wish to have your name removed from our substitute list, please call me.

If you have any questions please call (860) 376-5565 or e-mail dgozzo@lisbonschool.org.

Sincerely,

Debra A. Gozzo

Debra A. Gozzo
Administrative Assistant

Please attach resume and copy of teacher certification, if applicable, or copy of transcripts with degree award.

LISBON PUBLIC SCHOOLS

15 Newent Road
Lisbon, CT 06351
(860) 376-5565

SUBSTITUTE TEACHING APPLICATION 2011 – 2012

NAME _____ DATE _____
Address _____ Phone # _____
City/State/Zip _____ Cell # _____
E-mail Address _____

Check all that apply:

_____ Preschool _____ 2nd Grade _____ 5th Grade _____ Special Ed. _____ Computer
_____ Kindergarten _____ 3rd Grade _____ 6th Grade _____ Art _____ Library
_____ 1st Grade _____ 4th Grade _____ Jr. High _____ Music _____ Gym
_____ High School (CCHS & SpEd) _____ Other: _____

I hold Connecticut certification types and endorsements _____ (please attach copy)

Dates Available: _____

Have you previously substituted at LCS? _____ If so, when? _____

Have you been EpiPen Trained? _____ If so, when/where? _____

I am interested in being trained to work with Special Education students _____ Yes _____ No

Graduate of:

	<u># Years Attended</u>	<u>Degree</u>	<u>Name of School</u>
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____

Experience: _____

(over)

THE LISBON BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of the Lisbon Board of Education to recruit, select and employ the best qualified person on the basis of their merit and effectiveness without discrimination as to their natural origin, ancestry, race, color, sex, age, marital status, physical disability, or other applicable unlawful discriminatory standards.

1) Have you ever been convicted of a crime?
Yes _____ No _____ If yes, give details _____

2) Do you have any criminal charges currently pending against you?
Yes _____ No _____ Please explain _____

3) Are you a U.S. Citizen?
Yes _____ No _____ If no, what kind of visa do you hold? _____
Visa Expiration Date: _____

4) Have you been fingerprinted within the last twelve months?
Yes _____ No _____ If yes, where: _____
(please provide proof)

5) If you answered no to #4, all employees must be fingerprinted through EASTCONN or the State Police prior to commencement of employment. A signed release is required.

I understand that a charge or conviction will not necessarily result in a rejection of my application but that the nature of the charge / conviction would be considered as it relates to the performance of the job duties in question.

All employees must be fingerprinted prior to commencement of employment. The Lisbon Public Schools will report all findings of criminal history to the State Department of Education as required by law.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification, may be grounds for immediate discharge.

Signature

Date

OFFICE USE ONLY

Date met with Administrator _____

Received Substitute Handbook _____

Received Allergy Policy _____