APPLICATION FOR SUBSTITUTE TEACHING/NURSES

EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING
50 Payson Avenue, 2nd Floor
Easthampton, MA 01027
An Equal Opportunity Employer

Last Name	First	Middle	Date	
Address			Telephone	Number
City or Town		Zip	Social Seco	urity Number
 Email				
EDUCATION				
High School Attended		Year Grad	uated	
College Attended			uated	Degree
Graduate Study			uated	Degree
CERTIFICATION: Ce	ertified in Massacl	nusetts Yes	No	
Certification field				
(If certified, a copy of	certification must	be furnished for 1	proper placem	ent on payroll.)
(ii cordinat, a copy or				1 3 ,
NON-CERTIFIED AP	PLICANTS must f	urnish a copy of the	heir most rece	nt transcript.
				*
PROFESSIONAL EXI	PERIENCE OR PR	PACTICE TEACHI	NG:	
Name & Location of S	School	Dates	Nature of	work
-	Λ			
	Y			3-
PLEASE INDICATE	THE GRADE L	EVELS YOU FEI	EL YOU ARE	QUALIFIED TO
SUBSTITUTE IN:				
SUBSTITUTE IN: Elementary Grade K-	4	Middle School G	rade 5-8	
SUBSTITUTE IN:	4		rade 5-8	
SUBSTITUTE IN: Elementary Grade K-	4	Middle School G	rade 5-8	
SUBSTITUTE IN: Elementary Grade K- High School Grades S	4 9-12	Middle School G	rade 5-8	
SUBSTITUTE IN: Elementary Grade K- High School Grades S PLEASE CIRCLE CO	4 9-12 NTENT AREAS:	Middle School G Special Needs	rade 5-8	
Elementary Grade K-High School Grades 9 PLEASE CIRCLE CO (1) English/Language	9-12 ONTENT AREAS: e Arts (2) Science	Middle School G Special Needs (3) Applied	rade 5-8	
SUBSTITUTE IN: Elementary Grade K- High School Grades S PLEASE CIRCLE CO	9-12 ONTENT AREAS: e Arts (2) Science (5) Social St	Middle School G Special Needs (3) Applied (4) Uisual	rade 5-8	ng Arts

Are you available every day? Yes	No	If not available every day
please specify when you are available:		
REF	ERENCES	
Name A	ddress	Position
1.		
2.		
3.		
The Easthampton Public Schools are an equal against race, color, national origin, sex, gender or sexual orientation.	opportunity emplo r identity, creed, m	yer and do not discriminate arital status, disability, religion,
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FOR OFF	ICE USE ONLY	
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EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING

50 Payson Avenue, 2nd Floor Easthampton, MA 01027 (413) 529-1500 TEL (413) 529-1567 FAX

e-mail: superintendent@epsd.us website: www.epsd.us

Allison LeClair, Ed.D., Superintendent

July 1, 2018

RE: MGL Chapter 459 of the Acts of 2012 "An Act Relative to Background Checks"

As newly hired employee of the Easthampton Public Schools, you are required to comply with the requirement of Chapter 459 of the Acts of 2012, "An Act Relative to Background Checks". This law, codified as an amendment to MGL c. 71 § 38R, requires that everyone employed by a Massachusetts school district who may have "direct and unmonitored contact with children" submit to "a state and national fingerprint-based criminal background check." Your fingerprint results must be on file with the Easthampton Public Schools prior to your first day of employment.

CORI checks, which also are mandatory, have no associated fee for employees. There is, though, a fee for running the national fingerprint based checks. The fee currently is \$55 for school employees licensed under Section 38G (DESE-licensed individuals employed as educators and specialists, and any other employee who holds DESE licensure, regardless of her/his position) and \$35 for all others. Payment of the fee is the responsibility of the individual employee.

On our District's website, www.epsd.us, you will find the SAFIS Program Registration Guide for Pre-K-12th Grade Education (ESE), as well as the SAFIS-FORM-004, How to Change, Correct, or Update your national Criminal History Record Response paperwork.

Please go to http://www.identogo.com/FP/Massachusetts.aspx or phone (866) 349-8130 to schedule your appointment. You will be required to provide the Easthampton Public School's Department of Elementary & Secondary Education (ESE) Organization Code: 00860000. (Substitutes, interns, student teachers, and subcontractors, may provide up to 10 district organization codes to eliminate the need to pay the fee multiple times).

At the time you are fingerprinted you will be provided with a fingerprint receipt. A copy of this receipt must be provided to Sue Colby at the above address and your fingerprint results (or a "Suitability Determination Letter") must be on file with the Easthampton Public Schools prior to your first day of employment.

If you have any questions, please feel free to contact Sue Colby at 413-529-1500 ext. 121.

Sincerely,

Allison LeClair, Ed.D. Superintendent of Schools



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e-mail: superintendent@epsd.us website: www.epsd.us

SUBJECT INFORMATION:

(copy of driver's license or government picture identification must be attached to this form)

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIAS (if applicable)	Phone number	
DATE OF BIRTH	PLACE OF BIRTH	
Last <u>six</u> Digits of Your Social Security Number (<u>requ</u>	tired) xxx	
Sex: Height:ftin. Eye Color:	Race:	
Driver's License or ID Number:	State of Issue:	
*		
Mother's Full Maiden Name	Father's Full Name	
Current and Former Addresses		
Street Number & Name City/Town, State, Zip		
Street Number & Name City/Town, State, Zip		
The above information was verified by reviewing the lace of a copy of picture identification must be attached to	following form(s) of government issu to this form)	ned identification:
Verified by:		
Signature of Verifying Employee A great pla	ace to learn and grow.	