

Return to:  
Norann Oleson  
80 Grove Street  
Hopkinton, MA 01748

Hopkinton Public Schools  
Application for Substitute Teaching

NAME \_\_\_\_\_ S.S.# \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TEL# \_\_\_\_\_

Please check off the following areas you wish to substitute teach:

**ELEMENTARY:** (Specific Grades \_\_\_\_\_ and/or Subject area):

All \_\_\_\_\_ Art \_\_\_\_\_ Music \_\_\_\_\_  
Phys.Ed \_\_\_\_\_ Special Ed. \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

**MIDDLE /HIGH SCHOOL SUBJECT AREA:**

All \_\_\_\_\_ Art \_\_\_\_\_ Spec. Ed. \_\_\_\_\_  
Business \_\_\_\_\_ English \_\_\_\_\_ Foreign Lang \_\_\_\_\_  
History \_\_\_\_\_ Ind. Arts \_\_\_\_\_ Phys. Ed. \_\_\_\_\_  
Math \_\_\_\_\_ Music \_\_\_\_\_  
Tutor \_\_\_\_\_ Science \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

**WHEN ARE YOU AVAILABLE?** (Circle) M T W Th F

Beginning: \_\_\_\_\_

**EDUCATION and EXPERIENCE:**

High School Diploma? Yes No

# years of college \_\_\_\_\_ Graduate \_\_\_\_\_ Certified Teacher: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have teaching or substitute experience? Please list.

INDICATE IF YOU ARE A COLLEGE STUDENT DURING THE 2005/06 SCHOOL YEAR:

Yes \_\_\_\_\_ No \_\_\_\_\_

LIST VACATIONS, IF KNOWN \_\_\_\_\_

If your status as a substitute changes during the year, please call the Substitute Coordinator (508-435-6481). If you have made a commitment to accept a position as a substitute on any given day, it is your responsibility to record the date, time, and school assignment, as well as the teacher you are covering for. If you cannot be there for any reason, please call the Substitute Coordinator immediately.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please list the names and phone numbers of two references that we may call on the back of this sheet. Current or former supervisors are preferred.*