

## Plainville Public Schools

68 Messenger Street Plainville, MA 02762 Mr. David P. Raiche Superintendent of Schools Telephone: (508) 699-1300 Fax: 508 699-1302

draiche@plainville.k12.ma.us

## Substitute Application

Name:	
Street:	Telephone No.:
City, State, Zip	Cell Telephone:
Date Available:	_ All _ M _ T _ W _ Th _ F
I prefer to work as a:	
Teacher Paraprofessional Supe	ervisory Para Nurse Food Services Custod
Grades and subject in order of pref	ference (for teaching/paraprofessional substitutes)
K-6K-3	4-6Preschool
PEMusic	ArtNo preference
Have you ever been convicted of a felony? If yo	es, give details on back of page: Yes No
<b>←</b>	
<u>Education</u>	
High School:	Dates:
College:	Dates:
Degree:Major:	Minor:
Graduate School:	Dates:
Degree:Major:	Minor:
MA Certification: Yes: No A	rea:Cert. No
Are you certified in any other state?	Yes No (State)
Teaching or Other Work Experience or Att	rach a Resume
reacting or other work Emperione or the	
	Dates:
	Dates: Dates:
	Dates:Dates:
Office Use Only: CBR RRP I	MJC DPR CORI FP

Special Interests or Activities Pertinent to Teaching:
Write briefly about your career aims, your educational beliefs, and other relevant information:
Please attach your resume and certification, if available, and return to:  Mr. David P. Raiche, Superintendent  Plainville Public Schools  68 Messenger Street  Plainville, MA 02762
AUTHORIZATION FOR RELEASE OF INFORMATION
I certify this application was completed by me and the entries contained in the application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on the application could be grounds for rejection of this application or dismissal from employment is subsequently discovered.
If hired, I agree to comply with all rules, regulations and policies of the Plainville Public Schools.
Duint Nama
Print Name
Signature
Date