



Plainville Public Schools

68 Messenger Street
Plainville, MA 02762

Mr. David P. Raiche
Superintendent of Schools
Telephone: (508) 699-1300
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draiche@plainville.k12.ma.us

Substitute Application

Name: _____ Date: _____

Street: _____ Telephone No.: _____

City, State, Zip _____ Cell Telephone: _____

Date Available: _____ ☐ All ☐ M ☐ T ☐ W ☐ Th ☐ F

I prefer to work as a:

☐ Teacher ☐ Paraprofessional ☐ Supervisory Para ☐ Nurse ☐ Food Services ☐ Custodian

Grades and subject in order of preference (for teaching/paraprofessional substitutes)

_____ K-6 _____ K-2 _____ 3-6 _____ Preschool

_____ PE _____ Music _____ Art _____ No preference

Have you ever been convicted of a felony? If yes, give details on back of page: ☐ Yes ☐ No

Education

High School: _____ Dates: _____

College: _____ Dates: _____

Degree: _____ Major: _____ Minor: _____

Graduate School: _____ Dates: _____

Degree: _____ Major: _____ Minor: _____

MA Certification: ☐ Yes : ☐ No Area: _____ Cert. No. _____

Are you certified in any other state? ☐ Yes ☐ No _____ (State)

Teaching or Other Work Experience or Attach a Resume:

Dates: _____
Dates: _____
Dates: _____
Dates: _____

Office Use Only: CR _____ RRP _____ SB _____ 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
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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 if subsequently discovered.

If hired, I agree to comply with all rules, regulations and policies of the Plainville Public Schools.

Print Name

Signature

Date