

MILFORD PUBLIC SCHOOLS
31 West Fountain Street, Milford, Massachusetts 01757

2019-2020
RETURNING SUBSTITUTE APPLICATION

PERSONAL INFORMATION (Please circle any new information that needs to be updated in our files)

NAME _____ TEL # _____
First Middle Initial Last

ADDRESS _____
STREET TOWN STATE ZIP

EMAIL ADDRESS: _____

POSITION DESIRED: Teacher _____ Teacher Assistant _____

I wish to substitute in grades: PreK _____ K-5 _____ 6-8 _____ 9-12 _____

I will be available for full time _____ part time _____ substitute service.

If part time, please indicate specific days, or number of days you are available: _____

College students, please list your availability: _____

EDUCATIONAL AND PROFESSIONAL TRAINING

College/University _____

Degree _____ Major/Field _____ Date Received _____

Graduate Degree(s) _____
Degree Date Received College/University

Do you have Massachusetts DESE certification? Yes _____ No _____. If yes, in what area(s) or subject(s)? _____ Certification Number _____

(Copy of current certification required with this application)

If no, have you applied for certification? _____ When? _____

TEACHING EXPERIENCE

| School System & Address | Grade or Subject | Duration: From – To | Permanent or Substitute |
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The policy of the Milford Public Schools is to place certified teachers first followed by applicants having a college degree. The Milford Public Schools is an equal opportunity employer. It is also our policy that we comply with Title IX and Chapter 622 regarding discrimination in our programs, activities and employment practices.

Signature: _____ Date: _____



Milford Public Schools

31 West Fountain Street • Milford, Massachusetts 01757
www.milfordpublicschools.com • Telephone: 508-478-1100 • Facsimile: 508-478-1459

File: GBJA

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGE FORM

Milford Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Milford Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Milford Public Schools written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Milford Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Milford Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

To process a CORI, a copy of your driver's license is required.

Signature

Date

SUBJECT INFORMATION:

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last SLX digits of your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ Date of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current Address:

Street Number & Name City/Town State Zip

Former Address:

Street Number & Name City/Town State Zip

Reason for completing CORI: Substitute Employment

THE BELOW SECTION IS FOR OFFICE USE ONLY:

Verified by: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

School Name: _____