



School Administrative Unit 20
THE FUTURE BEGINS HERE!

Dummer ♦ Errol ♦ Gorham ♦ Milan ♦ Randolph ♦ Shelburne

SUBSTITUTE APPLICATION

Name: _____ Social Security No.: _____

Address: _____ # of Dependents to be claimed: _____

_____ Telephone Number: _____

Current email: _____

1. I wish to be included on the substitute list for the School District(s) of:

GRS Coop _____, Milan _____, Errol _____,

2. I am interested in substituting in grades K-5(GRS Coop) _____, 6-8 _____, 9-12 _____.

K-8 (Errol) _____ K-6 (Milan) _____.

3. I am certified to teach in the area of _____

in the state of _____.

4. Previous teaching experience: _____

5. Years of college - (degree and major): _____

6. Have you ever been convicted of any crime? _____. Are there any criminal charges pending against you at the time of this application? _____.

7. Days of the week when available to substitute:

Mon. _____ Tues. _____, Wed. _____, Thurs. _____, Fri. _____

Substitute Rate:

\$100.00/day

\$65.00/day Support Staff (GRS Coop)

Signature: _____

Date: _____