

Wells-Ogunquit Community School District
1460 Post Road, Wells, ME 04090
(207) 646-8331

APPLICATION FOR SUBSTITUTE TEACHING

Wells-Ogunquit C.S.D. does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

Name _____ Date _____

Address: _____ Telephone _____

EDUCATION: Transcripts, including grades, from all college(s)/university(ies) attended must be provided. It is essential that this section be completed accurately.

College/University Attended	Degree Awarded (if any)	No. of Yrs. Attended	Grade Point Average
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION: List certification(s) you hold and provide copies of certification.

Type	State	Date Issued	Date of Expir.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE: Please list previous teaching/substituting experiences. Please attach a copy of your resume.

Grade/Subject	Position	Employer	Dates (from/to)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AREAS OF INTEREST:

- Please indicate grade level(s) at which you are interested in substituting:
 K-4 _____ 5-8 _____ 9-12 _____ Special Education _____
- If you are interested in substituting at the elementary level and have a specialty area, please circle the area(s): Art Music Phys. Ed. Other _____
- If you are interested in substituting at the junior high or high school level, please indicate the specific subject areas: _____

REFERENCES: Please provide three references who are not related to you, two of whom are your last supervisors, who are familiar with your work as a teacher, substituting or who know of your experience working with youth.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes ___ No ___

Have you ever resigned from a position? Yes ___ No ___

Have you ever resigned from a prior position after a complaint has been received against you or your conduct was under investigation or review? Yes ___ No ___

Has your contract in a prior position ever been non-renewed? Yes ___ No ___

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes ___ No ___

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ___ No ___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes ___ No ___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ___ No ___

If you have answered YES to any of the previous questions, provide full details below including, with respect to court actions, the date, offense in question, and the address of the court involved. Attach additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

SIGNATURE:

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Wells-Ogunquit C.S.D. contacts in connection with my employment application to fully provide the Wells-Ogunquit C.S.D. any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Wells-Ogunquit C.S.D., its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include School Committee members, administrators, other staff and members of the community. I give my consent to this disclosure.

Signature/Date

Please Note: All application materials become the property of the Wells-Ogunquit C.S.D. None will be returned. Providing any false or misleading information on this application or in the application or employment screening process shall be fully sufficient grounds to refuse to employ the applicant, or, if the applicant has been employed, to immediately dismiss the applicant/employee.

Note: Employment cannot be finalized until the applicant has completed requirements for complete background checks and fingerprinting as required by Maine state statute.

APPLICATION FOR SUBSTITUTE TEACHING POSITION CHECK LIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- _____ Application form fully completed
- _____ Copies of transcript(s)
- _____ Copy of Maine Certification(s)
- _____ Copy of resume
- _____ YES to any of the questions in the background section explained
- _____ Application signed

RATE OF PAY FOR SUBSTITUTES

GCEB

The rate of pay for substitute teachers shall be \$100/day.

When a fully qualified substitute is required for a period in excess of nineteen (19) consecutive school days, the substitute will have full responsibility for the instruction to include planning lessons and marking students, and as such, the substitute will be placed on a minimum salary step for the District beginning with the twentieth (20th) day.

The rate of pay per day shall be found by dividing the minimum annual salary by the number of days in the school year as stated in the regular teachers' contract for that school year.

Legal Reference: MRS Title 26, § 664: Minimum wage; overtime rate

Adopted by the Wells-Ogunquit C.S.D. School Committee:	01/07/87
Revised by the Wells-Ogunquit C.S.D. School Committee:	06/17/98
Revised by the Wells-Ogunquit C.S.D. School Committee:	04/04/01
Revised by the Wells-Ogunquit C.S.D. School Committee:	12/02/15
Revised by the Wells-Ogunquit C.S.D. School Committee:	02/06/19

WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT

Students in the Wells-Ogunquit Community School District have the right to expect that information about them will be kept confidential by all individuals working in the district's schools. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA" or the "Buckley Amendment"). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Wells Ogunquit C.S.D., which disseminates a student's educational records without his/her parent or guardian's consent.

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school district employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety, or well-being.
- You may not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student's teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student's problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information- *positive or negative*- about a student even with members of your own family or the student's family.
- Before you speak, always remember that violating a student's confidentiality isn't just impolite, it's against the law!

AGREEMENT

I, (print name) _____, as a substitute for the Wells-Ogunquit C.S.D., agree never to disclose information about a student's records or progress to anyone other than an authorized school district employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school district employees. I understand that if I breach confidentiality, I will lose my privilege to work in the Wells-Ogunquit Community School District.

Signature _____ Date _____

Information regarding the Maine Department of Education Fingerprinting Process for Criminal History Record Check (CHRC) Approval Certification

Who must be fingerprinted?

- Anyone who works for a school district that is over 18 years old
- Anyone who is contracted through a school district
- Volunteers may be asked to be fingerprinted at the discretion of the school district

How often do I need to be fingerprinted?

- Every 5 years, unless you have been continuously employed by a school district in Maine, or if your certificate has lapsed more than 6 months.
Coaches and Substitute Teachers must be fingerprinted every 5 years regardless of continuous employment.

What do I need to do to be fingerprinted?

- **Step 1:** Download, complete and mail the Application Approval Form https://www.maine.gov/doe/sites/maine.gov/doe/files/inline-files/INITIAL%20EDUCATIONAL%20APPROVAL%20APP_0.pdf. The approval form needs to be mailed to the Department of Education address on the form. *(A copy of the Application Approval Form is included in Substitute Teacher Application packet)* **Don't forget to include information for payment of the \$15.00 fee.**
- **Step 2:** Register with our Fingerprinting Partner **IdentoGO**. They have a processing fee of **\$55.00**. Visit IdentoGO at <https://me.ibtfingerprint.com/>
Note: IdentoGO will provide you with an ID and Confirmation – keep a copy of this information and bring it to your appointment.

Where do I go to have my fingerprinting done?

- Find approved IdentoGO locations (<https://www.identogo.com/locations>)
- Out of State Applicants: You will receive specific location details after you are registered.

What is the status of my fingerprints?

- Visit: <https://neo.maine.gov/doe/neo/TeacherCertification/TeacherCertification>
You will need to provide your last name and last 4 digits of your Social Security Number. You can print your CHRC Approval from this site for your records. The DOE does not issue certificates to the applicant or the school district.

Please contact the Maine DOE Certification Office at 207-624-6603 if you have any questions regarding the fingerprinting process.

**MAINE DEPARTMENT OF EDUCATION
APPLICATION FOR INITIAL EDUCATIONAL APPROVAL**

1. NAME (First, MI, Last, and optional suffix such as Jr., III)		2. Social Security Number		3. Other name(s) under which Your records are filed		DATE		
4. Mailing Address			5. EMAIL Address		6. City or Town		7. State	
8. Zip Code		9. Home Phone		10. Sex ____ Male ____ Female		11. Date of Birth / / mo. day yr.		
RETURN TO: DEPARTMENT OF EDUCATION CERTIFICATION OFFICE 23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023								

THE FOLLOWING QUESTIONS MUST BE ANSWERED AND THE BOX CHECKED:

1. Have you ever had any professional certificate or license revoked or suspended or voluntarily surrendered it? YES _____ NO _____
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? YES _____ NO _____
3. Have you ever been convicted of any misdemeanor or felony offense no matter the age? (this would include OUI's) YES _____ NO _____
4. Have you ever been substantiated by any states health and human services department for child abuse, either sexual or physical? YES _____ NO _____
5. Are you required to register as a sex offender in any state? YES _____ NO _____
6. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in this state or another state or country? YES _____ NO _____
7. Have you ever been investigated by an employer for inappropriate conduct or left a position while an investigation was pending, or to stop an investigation from moving forward? YES _____ NO _____

If the answer is yes to any of the above, please attach a detailed explanation.

- I understand that this application contains no misrepresentations or falsehoods. I understand that misrepresentations or falsehoods may be cause for denial or revocation of my educational credential. I understand that I must notify the Commissioner of the Maine Department of Education in writing within 30 days if in the future the answers to any of these questions change.

Have you had your fingerprints taken as required by the Criminal History Record Check? (See enclosed instructions.)

_____ YES _____ NO

If yes, where _____ Date: _____

I authorize the Dept. of Education to charge the applicable fees for this application:

M/C _____ VISA _____ EXPIRATION DATE _____ CREDIT CARD NUMBER _____

I hereby declare or affirm under penalty in the law for unsworn falsification that this application, and any supporting documentation provided in support of this application, contains no willful misrepresentations or falsifications and that the information given by me is true, accurate, and complete to the best of my knowledge and belief, and so far as based on information and belief, I believe the information to be true. I understand that my answers may be verified and that I may be declared ineligible for certification and subject to civil or criminal penalties if there are any misrepresentations.

SIGNATURE OF APPLICANT _____ DATE _____