

Dr. Barry W. Tull, *Headmaster*



508 South Main Street, Berlin, MD 21811
Tel: (410) 641-3575 Fax: (410) 641-3586

APPLICATION FOR SUBSTITUTE TEACHING POSITION

Should you require any special accommodations to participate in the application process, please let us know at the time of application, or at the time an appointment is scheduled.

WORCESTER PREPARATORY SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Local/Temporary Address: _____

Permanent Address: _____
(If this is the same as Local/Temporary Address please leave blank.)

Contact Numbers: Home: _____ Cell: _____ Other: _____

May we contact you via email: YES () NO () Email Address: _____

POSITION APPLYING

Subject(s) and grade level(s) for which you wish to substitute: _____

Have you ever applied to Worcester Preparatory School for Employment: YES () NO () If so, what month/year: _____

EDUCATION INFORMATION

HIGH SCHOOL:

Diploma: YES () NO ()

G.E.D.: YES () NO ()

School(s): _____ City/State: _____

COLLEGE AND/OR UNIVERSITY:

School: _____ City/State: _____

Major: _____ Degree Earned: _____

School Years Attended: _____ Year Graduated: _____

(2)

School: _____ City/State: _____

Major: _____ Degree Earned: _____

School Years Attended: _____ Year Graduated: _____

(3)

School: _____ City/State: _____

Major: _____ Degree Earned: _____

School Years Attended: _____ Year Graduated: _____

VOLUNTEER POSITIONS:

(1)

Name of Organization: _____ How Many Years: _____

Contact: _____ Tel: _____

(2)

Name of Organization: _____ How Many Years: _____

Contact: _____ Tel: _____

EMPLOYMENT HISTORY

Please start with your most recent job. Accurately list all relevant jobs you have held. Be certain to include accurate telephone numbers for reference.

(1)
Employer: _____ Subject Taught: _____
(If applicable)
Employer Address: _____ Tel: _____
City/State/Zip: _____ Fax: _____
Description of Responsibilities: _____

Dates Employed: From _____ To _____
Reason for Leaving: _____
May we contact this employer? YES () NO () Supervisor: _____

(2)
Employer: _____ Subject Taught: _____
(If applicable)
Employer Address: _____ Tel: _____
City/State/Zip: _____ Fax: _____
Description of Responsibilities: _____

Dates Employed: From _____ To _____
Reason for Leaving: _____
May we contact this employer? YES () NO () Supervisor: _____

(3)
Employer: _____ Subject Taught: _____
(If applicable)
Employer Address: _____ Tel: _____
City/State/Zip: _____ Fax: _____
Description of Responsibilities: _____

Dates Employed: From _____ To _____
Reason for Leaving: _____

UPON YOUR FIRST DAY OF SUBSTITUTING:

Can you submit verification of your legal Right To Work in the United States? YES () NO ()
(In accordance with the immigration Reform and Control Act of 1986, any offer of employment is contingent upon satisfactory proof of applicant's identity and legal ability to work in the United States.)
Are you authorized to work for all United States employers or only your current employer? All Current

Have you ever been convicted of a felony? YES () NO ()
If yes, please explain: _____

*Please Note: A conviction will not necessarily automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of crime, and rehabilitation will be considered.

REFERENCES

Please provide names, addresses, and telephone numbers of at least three professional references who are not related to you:

(1)
Name: _____ Title: _____
Address: _____ Tel: _____

(2)
Name: _____ Title: _____
Address: _____ Tel: _____

(3)
Name: _____ Title: _____
Address: _____ Tel: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or in termination of employment regardless of the timing or circumstances of discovery.

In consideration for employment with Worcester Preparatory School, if employed, I agree to conform to the rules, regulations, policies, procedures of the school at all times and understand that such acknowledgement is a condition of employment. I understand due to the nature of the school, attendance and punctuality are considered essential requirements of a school employee.

I understand that if offered a position with Worcester Preparatory School, I will be required to submit to a pre-employment background and fingerprint check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment checks will result in withdrawal of any employment offer or termination of employment if all ready employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Worcester Preparatory School and/or any of its representatives and I release parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for one year. If I wish to be considered for any future position, after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENT:

Applicant Signature

Date

**WORCESTER PREPARATORY SCHOOL IS AN EQUAL
OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE
CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN,
AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER STATUS PROTECTED BY LAW.**