## NORWOOD PUBLIC SCHOOLS JAMES R. SAVAGE EDUCATIONAL CENTER 275 PROSPECT St., PO Box 67 NORWOOD, MA. 02062

## APPLICATION FOR SUBSTITUTE NURSE POSITION

IAME:		First	Mi	ddle Initial
Present Address:	No. and Street	City/Town	State	Zip Code
Social Security Number			Area Code Telep	hone Number
	Teachin	g Certificate Numi	ber / Field (Level)	
DESIRED LEV	VEL TO SUBSTI	TUTE: (Place a	check next to approp	oriate level)
	· -	J	departure times as fo	
Preschool: 8:25 – 3:15			_ Middle School:	High School:
8:25 – 3:15	8:25 – 3:15	8:25 – 3:15	7:10 – 2:15	7:30 -2:28
. Educationa ame and Location of		8:25 – 3:15  Degree	7:10 – 2:15  Major Concentration and Semester Hours Credit	
. Educationa ame and Location of	l Background		Major Concentration and Semester Hours	7:30 –2:28  Minor Concentration and Semester Hours
Educationa ame and Location of ollege or University	Date of Attendance		Major Concentration and Semester Hours	7:30 –2:28  Minor Concentration and Semester Hours
Educationa     ame and Location of ollege or University      Teaching E ame and Location of	Date of Attendance	Degree	Major Concentration and Semester Hours	7:30 –2:28  Minor Concentration and Semester Hours Credit
. Educationa fame and Location of ollege or University  A. Teaching E fame and Location of chool	Date of Attendance	Degree	Major Concentration and Semester Hours Credit	7:30 –2:28  Minor Concentration and Semester Hours Credit
Educationa Teaching E	Date of Attendance	Degree	Major Concentration and Semester Hours Credit	7:30 –2:28  Minor Concentration and Semester Hours Credit

Total Years Teaching Experience:\_\_\_\_\_

3. Personal Infor	mation:			
Are you a citizen or	f the United States	of America?		
Are you legally elig	gible for employme	ent in this country?		
-	•	icted of a felony in the last bb related, but may not bar	•	
4. References:  Please include contact.	two letters of reference	ce or in the space below give nar	mes of persons we may	
Full Name	Title	Present Address	Telephone No.	
I AFFIRM THAT AL BEST OF MY KNOW		IADE IN THIS APPLICATIO	N ARE TRUE TO THE	
Signature of Applicant:		Date:		
Completed Application	should be sent to:			
		OD PUBLIC SCHOOLS AGE EDUCATIONAL CENT	ER	

NORWOOD PUBLIC SCHOOLS
JAMES R. SAVAGE EDUCATIONAL CENTER
275 Prospect Street, PO Box 67
Norwood, MA. 02062
Telephone 781 762-6804 x-5847
FAX 781 440-5900

Please mark the outside of the envelope SUB APPLICATION

The Norwood Public Schools do not discriminate on the basis of race, color, sex, religion, national origin, gender identity, sexual orientation or disability in the operation of educational programs, extra-curricular activities, public events, or in employment.

If you require accommodations related to accessibility, communication or any other aspects of the preemployment prospect, you may request them from the ADA Coordinator. All such requests will be confidential and will not affect the hiring in anyway.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

No person will be hired by Norwood Public Schools without a Criminal Record (CORI) and SAFIS fingerprint check.