

**HOLLISTON PUBLIC SCHOOLS
HOLLISTON, MA 01746**

TO: Applicant for Substitute Teaching

Please fill out and return the following forms, which are included in this packet:

- **Application for Employment**
- **Substitute Preference Sheet**
- **Criminal History Check (CORI) form**

Please include a copy of your driver's license or passport, along with your college transcript(s) or arrange to have them sent to me directly from your College or University. If you are a certified teacher, please include a copy of your certification. Also, please include a resume if you have one.

The pay scale for substitute teachers is as follows:

	Substitute Teacher Without Bachelor's Degree	Substitute Teacher With Bachelor's Degree	Substitute Paraprofessional
1 st fifteen days	\$75.00	\$80.00	\$75.00
After fifteen days	\$80.00	\$85.00	\$80.00

The times our schools are in session are as follows:

High School	Grades 9-12	8:10 a.m. - 2:43 p.m.
Middle School	Grades 6-8	8:05 a.m. - 2:28 p.m.
Miller School	Grades 3-5	7:30 a.m. - 1:53 p.m.
Placentino School	Grades PreK-2	8:55 a.m. - 3:20 p.m.

Substitutes are required to be on hand 15 minutes before classes begin.

Once the application has been received, you will be contacted by a building principal for a brief interview.

If you have any questions, please contact Lisa DiLuzio, Human Resources Analyst – Office of the Superintendent at 508-429-0654 extension 1124 weekdays between 8:00 a.m. to 4:00 p.m.

Thank you for your interest in substituting in the Holliston Public School System.

Sincerely,

Susan E. Kustka, Ed. D.
Superintendent of Schools

Please return the application to:

Lisa DiLuzio, HR Analyst
Holliston Public Schools
370 Hollis Street
Holliston, MA 01746
DiLuzioL@holliston.k12.ma.us

Substitute Preference Sheet

Name _____

Address _____

Telephone _____ Email _____

Do you have a Bachelor's Degree? Yes _____ No _____

Preferred grade levels/assignments (Please indicate using 1 for the first choice, 2 for second, etc.)

Placentino (PreK-2)	Miller (3-5)	Adams Middle (6-8)	High School (9-12)
_____	_____	_____	_____

Subject area(s) of expertise (i.e. Math, Science, Art, Music, Phys. Ed., etc.)

Areas in which I prefer not to substitute:

Days available to work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Comments to explain any of the above in more detail, or other information you want the substitute coordinator to have concerning your availability.



**HOLLISTON PUBLIC SCHOOLS
HOLLISTON, MASSACHUSETTS 01746**

**APPLICATION FOR EMPLOYMENT
(Please Print)**

PERSONAL INFORMATION

NAME _____
 LAST **FIRST** **MIDDLE INITIAL** **DATE OF APPLICATION**

PRESENT ADDRESS _____
 STREET & NUMBER **TOWN OR CITY** **STATE** **ZIP CODE**

PHONE NUMBERS _____
 HOME **CELL** **OTHER**

EMAIL ADDRESS _____

POSITION(S) YOU ARE APPLYING FOR: Substitute Teacher or Substitute Paraprofessional

PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH THIS APPLICATION:

- 1. Resume**
- 2. References**
- 3. College Transcripts**

PLEASE WRITE A BRIEF STATEMENT GIVING ADDITIONAL INFORMATION REGARDING YOUR CANDIDACY FOR THIS POSITION:

IMPORTANT: the Holliston Public Schools is an equal opportunity employer complying with the requirements imposed by Title IX of the Federal Education Amendments of 1972 and does not discriminate on the basis of race, color, sex, religion, age, or national origin. The applicant should exercise the greatest care in preparing this application. You may include other information with this application which would further explain your candidacy. Information given herein is in the nature of a representation and if incorrect on a material fact will constitute sufficient cause for cancellation of the contract in case of election. Do not omit any item.

WORK EXPERIENCE
(BEGINNING WITH MOST RECENT)

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	POSITION HELD

EDUCATION

	Name & Address of School(s) Last Attended	Dates Attended From - To	Major / Minor	Date of Graduation	Degree
HIGH SCHOOL					
UNDER GRADUATE COLLEGE OR UNIVERSITY	1. _____ 2. _____ 3. _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
POST GRADUATE	1. _____ 2. _____	_____ _____	_____ _____	_____ _____	_____ _____

SCHOLASTIC HONORS: _____

SIGNATURE OF APPLICANT



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
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 _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

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

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

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

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

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date