

FREETOWN-LAKEVILLE REGIONAL SCHOOL DISTRICT  
OFFICE OF THE SUPERINTENDENT OF SCHOOLS  
98 Howland Road Lakeville, MA 02347

**APPLICATION FOR SUBSTITUTE POSITION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Select one or more substitute positions: (The rate of pay will vary depending on the service provided)

\_\_\_\_\_ Teacher                  \_\_\_\_\_ Paraprofessional                  \_\_\_\_\_ Nurse  
\_\_\_\_\_ Secretary                  \_\_\_\_\_ Custodian                  \_\_\_\_\_ Van Driver (Special Education)

Select one or more locations:

\_\_\_\_\_ Freetown Elementary School (Pre K - 3)                  \_\_\_\_\_ Assawompset Elementary School (K - 3)  
\_\_\_\_\_ George R. Austin Intermediate School (4 & 5)                  \_\_\_\_\_ Freetown-Lakeville Middle School (6 - 8)  
\_\_\_\_\_ Apponequet Regional High School (9 - 12)

Education: Circle highest grade completed: ELEM 6 7 8 HIGH 9 10 11 12 COLLEGE 1 2 3 4 5 6 7

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

City/Town \_\_\_\_\_ State: \_\_\_\_\_

Name of College \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

City/Town \_\_\_\_\_ State: \_\_\_\_\_

Degree Received: \_\_\_\_\_

Post College Education: \_\_\_\_\_

Do you have a Massachusetts Teaching Certificate? \_\_\_\_\_ No \_\_\_\_\_ Yes

Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Area(s) of Certification: \_\_\_\_\_

Employment History: Beginning with your present/most recent position, list your three (3) previous employers.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

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Experience/Training: Briefly list experience and/or training which may relate to and support your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below I certify that all statements provided on this application are truthful and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Bring this completed application, along with your driver's license to the Office of the Superintendent to complete a CORI application and receive a summary of the Conflict of Interest Law and instructions for completing online ethics training. Once these are successfully completed, an interview will be scheduled with the Superintendent.**

The Freetown-Lakeville Regional School District does not discriminate on the basis of age, sex, race, religion, national origin, color, handicap or homeless in accordance with applicable laws and regulations.