

CONTACT INFORMATION

Name:	DOB:	SSN:
Mailing address:		
City:	State:	ZIP Code:
Home phone:		
Cell phone:		
Email:		

EDUCATIONAL BACKGROUND

Graduate School Attended:	Degree:
College Attended:	Degree/Major:
High School Attended:	
Other certifications or credentials:	

EXPERIENCE AND AVAILABILITY

Other schools where you have substituted: _____

Availability: _____

Areas of interest and other pertinent background information or experience:

REFERENCES

(Please provide two references, unrelated to you)

Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

CRIMINAL HISTORY RECORD CHECK (CHRC)

Compliance with the State of Maine Department of Education Criminal History Record Check (CHRC) is required to substitute. Please provide a copy of your certification with your completed application.

If you have not been fingerprinted in the last five years by Maine DOE, please visit the State of Maine website (www.maine.gov/doe/cert/fingerprinting) for instructions.

Please send completed application to Academic Dean, 100 Broadway, Bangor 04401.

POSITION TITLE: _____

START DATE: _____

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX: _____

ADDRESS: _____

DATE OF BIRTH: _____

GENDER: _____

SSN: _____

HIGHEST DEGREE EARNED: _____

COLLEGE/UNIVERSITY: _____

Do you have a current state of Maine CHRC certification? (Have you been fingerprinted for the DOE in the last five years?):

___ YES ___ NO

If yes, please provide your name as it is listed in the state database/on the certificate:

_____ *If no, please go to Maine.gov to initiate the process.*

Total years you have worked in this specific position previous to the present year, i.e. classroom teacher, coach, dorm parent, etc.: _____

Emergency Contact Name/Relationship to you: _____

Emergency Contact Phone Number: _____

Non-John Bapst email address: _____

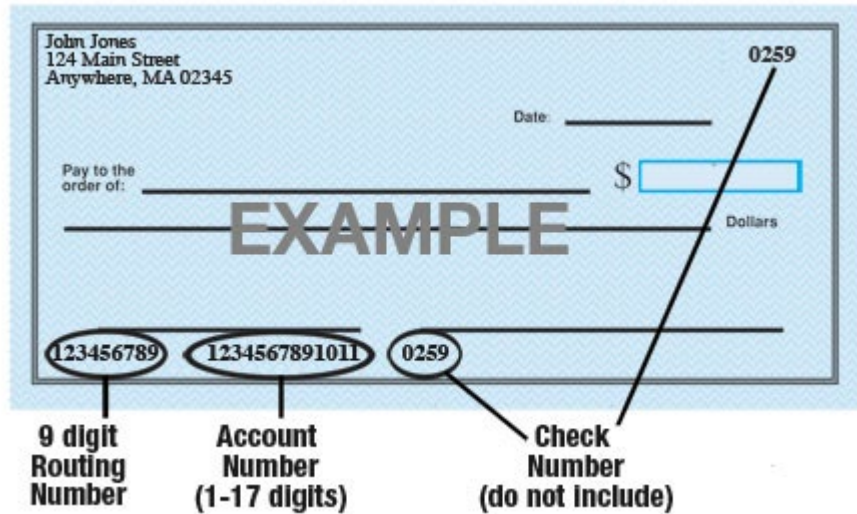
Cell Phone (to be used for emergency/cancellation text messages): _____

___ Copy to Business Office File (BM) ___ Copy to NEO Database Manager (KM) ___ Copy to HOS Office (AK)

Employer: John Bapst Memorial High School

Employee Name: _____

Employee Address: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account (**circle one**): Checking **OR** Savings

Amount: \$ _____ **OR** Entire Paycheck

John Bapst Memorial High School is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. If monies to which I am not entitled are deposited to my account, I authorize John Bapst Memorial High School to direct the financial institution to return said funds.

Employee Signature: _____ Date: _____