

**WATERTOWN SCHOOL DEPARTMENT**  
**Watertown, Connecticut**



**APPLICATION**

Substitute Teacher

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street City State Zip Code  
Until \_\_\_\_\_ 20 \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number Street City State Zip Code

Social Security No. \_\_\_\_\_ Phone \_\_\_\_\_

**FOR POSITION AS TEACHER OF**

\_\_\_\_\_  
(indicate grades, or if high school, subject in order of preference)

in the \_\_\_\_\_  
(High School or Grade)

Signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

NOTE: The applicant should exercise the greatest care in preparing this blank. Information given herein becomes a legal part of the contract in case of election. Please do not omit any item.

**Central Office**  
10 DeForest Street  
Watertown, Connecticut 06795  
Telephone: (860) 945-4800  
Fax: (860) 945-2775

*The Watertown Board of Education is an Equal Opportunity Employer.*

## EDUCATION

Name of School and location include High School, College, Graduate Work and Summer Sessions in Order Taken	Dates	Time Spent	Semester Hours Credit	Degree or Diploma	Major Subject and Semester Hours Credit	Minor Subject and Semester Hours Credit

NOTE: A Semester Hour is one class per week for not less than 18 weeks

## EXPERIENCE

Name of School and Location	Dates	Number of Months	Number of Teachers in System	NATURE OF WORK If grades, specify what grades and subjects: If high school, the subject taught and any extra curricular work handled:
TOTAL NUMBER OF MONTHS				

In your own words, please provide us with a handwritten statement explaining why you want to be a teacher in Watertown.

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Give title, number, and grade of certificate(s) you hold: **(Please include a copy of your Connecticut Certification)**

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Do you need to participate in **BEST Program**?      Yes \_\_\_\_\_      No \_\_\_\_\_

Expected Salary? \_\_\_\_\_

When could you begin work here? \_\_\_\_\_

Could you come for an interview? \_\_\_\_\_

List college activities engaged in, and any honors received before or since graduation:

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Add here any additional information which you believe will assist us in arriving at a true estimate of your qualifications. Copies of testimonials may be included.

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**PLEASE ENCLOSE TRANSCRIPTS: (COPIES ARE ACCEPTABLE)**

**REFERENCES:** These should be persons qualified to give any information to show your fitness for the position you seek. Please include superintendents and principals under whom you have taught.

	Name	Address	Occupation	Phone
1.				
2.				
3.				

