

GREATER LOWELL TECHNICAL HIGH SCHOOL

SUBSTITUTE APPLICATION

This Application Must be Completely Filled Out

1. Name (In Full)_____

2. Present Address:_____

(Street) (City) (State) (ZIP)

3. Telephone # Hm:_____ Mobile:_____

(Area code) (Number) (Area code) (Number)

4. Email Address:_____

5. Areas of Certification (List field, grade, type, and state where licensed):_____

6. Areas you feel qualified to substitute teach in (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Automotive Collision | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Graphic Communication |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> CADD Technology | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Science |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Machine Technology | <input type="checkbox"/> Hotel & Lodging | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Metal Fabrication | <input type="checkbox"/> Fashion Technology | <input type="checkbox"/> In-House |
| <input type="checkbox"/> Small Engine | <input type="checkbox"/> Marketing Education | <input type="checkbox"/> Registration Desk |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Health & Medical Asst. | <input type="checkbox"/> Bilingual |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Business Technology | <input type="checkbox"/> Title I Math |
| <input type="checkbox"/> H.V.A.C. | <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Title I Reading |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Office Applications | <input type="checkbox"/> English |
| <input type="checkbox"/> Painting & Decorating | <input type="checkbox"/> Web Development | <input type="checkbox"/> Math |

7. **Day(s) available (Circle)** Monday Tuesday Wednesday Thursday Friday

8. Educational & Technical Training:

	Name of School	Program of Study	Diploma/Degree Awarded
High School			
College			
Graduate Work			
Other			

Work and Teaching Experience:

Company or School Name	Position	Supervisor Name & Tele#	Dates employed (To &From)

References: Please provide three professional references, including principals, supervisors or others who closely observed your work.

Full Name/Official Title	Address	Telephone #

Signature of Applicant

Date

The Greater Lowell Technical High School does not discriminate in employment on the basis of race, color, religion, sex, national origin, sexual orientation, disability, age, or other non-merit factor. The above information is true and complete. I authorize and release all employers, references, and educational facilities to furnish information necessary to verify the statements contained herein to the Greater Lowell Technical High School in connection with this application for employment. It is unlawful in MA 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.