



**SCHOOL ADMINISTRATIVE UNIT # 39**  
**Amherst, Mont Vernon and Souhegan**  
**Cooperative School Districts**  
 1 SCHOOL STREET  
 P.O. BOX 849  
 AMHERST, NH 03031  
 TEL: 603-673-2690  
 FAX: 603-672-1786  
[www.sprise.com](http://www.sprise.com)

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

Date of Application: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

School Location: \_\_\_\_\_

We respectfully ask that you deliver your application and related documents to the school that the position is located. The contact information for each school is listed below.

<input type="checkbox"/> <b>Clark Elementary School</b> 14 Foundry Street PO Box 420 Amherst, NH 03031 (603) 673-2343	<input type="checkbox"/> <b>Wilkins Elementary School</b> 80 Boston Post Road PO Box 420 Amherst, NH 03031 (603) 673-4411
<input type="checkbox"/> <b>Amherst Middle School</b> 14 Cross Road PO Box 966 Amherst, NH 03031 (603) 673-8944	<input type="checkbox"/> <b>Souhegan High School</b> 412 Boston Post Road PO Box 1152 Amherst, NH 03031 (603) 673-9940
<input type="checkbox"/> <b>Mont Vernon Village School</b> 10 Harwood Road PO Box 359 Mont Vernon, NH 03057 (603) 673-5141	<input type="checkbox"/> <b>Superintendent's Office &amp; Substitutes</b> Superintendent's Office 1 School Street PO Box 849 Amherst, NH 03031 (603) 673-2690



## EDUCATION AND TRAINING

	NAME AND ADDRESS	DEGREE RECEIVED	YEAR OF GRADUATION
HIGH SCHOOL			
COLLEGE OR UNIVERSITY (UNDERGRADUATE)			
GRADUATE SCHOOL			
ADDITIONAL POST GRADUATE CREDITS			

## TEACHING / ADMINISTRATION EXPERIENCE

NAME OF SCHOOL OR INSTITUTION AND ADDRESS	GRADE(S) AND/OR SECONDARY SUBJECT(S) TAUGHT or ADMINISTRATOR	DATES OF EMPLOYMENT	TENURED? Y/N	ENDING SALARY	REASON FOR LEAVING

TOTAL YEARS OF TEACHING EXPERIENCE: \_\_\_\_\_ ADMINISTRATION EXPERIENCE: \_\_\_\_\_

## STUDENT TEACHING OR PRACTICUM

GRADE(S) AND/OR SUBJECTS TAUGHT \_\_\_\_\_ DATES \_\_\_\_\_  
SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

## PROFESSIONAL WORK EXPERIENCE(S) OTHER THAN TEACHING

(Include Military Experience)

Name of Employer Address/Telephone	Nature of Work, Rank or Position	Dates of Employment	Salary	Reason for Separation

## REFERENCES

Give **three** references who have first-hand knowledge of your character, personality, scholarship and teaching ability, including in particular those from principals and teachers under whom you have taught.

Name	Address	Telephone	Relationship
1.			
2.			
3.			

## VERIFICATION OF INFORMATION PROVIDED

Have you ever been convicted of a crime that has not been annulled by a court? \_\_\_\_\_

Further, I certify that I have no criminal charges currently pending against me. \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that if employed, falsified information or omission of facts on this application shall be considered sufficient cause for dismissal. I understand that employment is conditional upon a review of criminal records. I authorize SAU #39 to obtain records to determine the accuracy of my responses. I agree to abide by all applicable District and State rules, regulations, and policies upon my acceptance of employment with the District.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### PLEASE NOTE:

1. Applicants must submit transcripts, three letters of recommendation, and a copy of certification or letter of eligibility.
2. Interviews will be scheduled with **selected** candidates on the basis of education, experience and available openings.
3. Only those applicants who have been interviewed will be notified as to the appointments made.
4. Applications will be kept active for one year.
5. I understand that any offer of employment is contingent on a pre-employment physical according to RSA 200:36 and criminal background check with cost paid by employee in accordance with RSA 189:13-a.
6. A completed W-4 and I-9 (proof of eligibility to work in the US) are also required.
7. **FACTORS SUCH AS SEX, SEXUAL ORIENTATION, RACE, COLOR, NATIONAL ORIGIN, RELIGION, LAWFUL POLITICAL OR EMPLOYEE'S ORGANIZATION AFFILIATION, AGE, MARITAL STATUS OR NONDISQUALIFYING HANDICAP ARE NOT CONSIDERATIONS IN EVALUATING THE QUALIFICATIONS OF AN EMPLOYEE OR CANDIDATE.**





**School Administrative Unit #39**

*Please Check Position (X)*

**TIME CARD**

*Please circle the location you are filling out*

*timesheet for:*    **CLARK**                      **AMS**  
                                  **WILKINS**                      **SHS**  
                                  **MVVS**                              **SAU**

*TEACHER* \_\_\_\_\_  
*SECRETARY* \_\_\_\_\_  
*PARAEDUCATOR* \_\_\_\_\_  
*C.I.A./GRADE LEVEL ASSIST.* \_\_\_\_\_  
*CUSTODIAN* \_\_\_\_\_  
*FOOD SERVICE* \_\_\_\_\_  
*NURSE* \_\_\_\_\_  
*OTHER* \_\_\_\_\_

NAME: \_\_\_\_\_

ACCOUNT NUMBER (REQUIRED): \_\_\_\_\_

**(IMPORTANT: ACCOUNT NUMBER IS REQUIRED INFORMATION)**

**Record Hours Worked Below**

Day/Date	Week #1 Pay Period					Week #2 Pay Period					
	Time In	Time Out	Time In	Time Out	Total Hours	Day/Date	Time In	Time Out	Time In	Time Out	Total Hours
Sunday __/__/__						Sunday __/__/__					
Monday __/__/__						Monday __/__/__					
Tuesday __/__/__						Tuesday __/__/__					
Wednesday __/__/__						Wednesday __/__/__					
Thursday __/__/__						Thursday __/__/__					
Friday __/__/__						Friday __/__/__					
Saturday __/__/__						Saturday __/__/__					

**Total Regular Hours** \_\_\_\_\_

**Total Regular Hours** \_\_\_\_\_

**Overtime Hours** \_\_\_\_\_

**Overtime Hours** \_\_\_\_\_

Reason for Submission: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

Supervisor/Principal Signature: \_\_\_\_\_

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

Director Signature (as required): \_\_\_\_\_

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

<b>FOR TUTORS ONLY...</b>
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Please attach this page to your employment application and submit to the SAU –  
Thank you.

If you are interested in being a tutor in any of our schools please indicate your preferences below –  
check or write in all that apply so we will best know your preferences and availability:

School:	Prefer to Tutor in the following Grade(s) - Age Ranges: (write in grades or age below)	Able to Tutor in the following Subject / Content Areas: (write in content area(s) below)
<input type="checkbox"/> Clark Elementary School (grades K-1)		
<input type="checkbox"/> Wilkins Elementary School (grades 1-4)		
<input type="checkbox"/> Mont Vernon Village School (grades K-6)		
<input type="checkbox"/> Amherst Middle School (grades 5-8)		
<input type="checkbox"/> Souhegan High School (grades 9-12)		

**The days of the week that I am available for tutoring are:**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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**The time(s) of day that I am available for tutoring are:**

<input type="checkbox"/> Any time	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> After school	<input type="checkbox"/> Other

(list specific times that you are available...)

**Certification:**

Please list any certifications or licenses you currently hold:

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Name of Applicant:			
Signature:		Date:	
Phone:		Email:	