



Subcontractor Information Form

(To be used for the positions of Substitute Teachers and Substitute School Nurses)

AN EQUAL OPPORTUNITY EMPLOYER

The Diocese of Fall River is committed to a policy of nondiscrimination and equal opportunities for all employees and qualified applicants without regard to race, color, marital status, national origin, ancestry, sex, age, disability, military status or any other characteristic or status protected by law. NOTE: It is unlawful in Massachusetts 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 liabilities.

Date _____

Title Mr. Mrs. Miss Ms.

Name _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP CODE

Telephone # _____ Email _____

Position Desired: Substitute Teacher Substitute School Nurse

Level of the position for which you are applying:

 Elementary (PreK-5) Middle (Gr. 6-8) Secondary (9-12)

Subjects/Grades Qualified to Teach: 1. _____ 2. _____

Date available for work..... _____

Are you applying for a position with a specific school?..... Yes No

If yes, please identify the school and city: _____

Geographic area to which you are willing to travel as a substitute: (check as many as apply)

- Fall River New Bedford area (refers to New Bedford, Acushnet, Fairhaven, Dartmouth)
- Taunton Cape Cod area (refers to Buzzards Bay, Hyannis, South Yarmouth)
- Attleboro area (refers to Attleboro, North Attleboro, Mansfield)

EMERGENCY CONTACT INFORMATION

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name:	Home Phone:
Relationship:	Work Phone:
Religious Affiliation:	Cell Phone:
Physician’s Name & Phone:	Health Insurance Carrier & ID & Policy #:
In the event of an emergency, please advise the doctors that I have the following allergies:	

I verify that the above information is true and accurate.
 In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary medical treatment to be administered.

EMPLOYEE SIGNATURE _____
DATE

Please submit this completed form along with your resume and a copy of the following applicable licenses:

- Substitute School Nurse: Copy of your Registered Nurse license (must be current)
- Substitute Teacher: Copy of any state Educator License, if applicable OR Proof of completion of at least 60 college course credits

Additionally, the following requirements must be met before any of our schools can utilize your services as a substitute teacher of school nurse:

- Massachusetts CORI (Criminal History and Records Information) Check
- Rhode Island BCI Check for Rhode Island Residents
- Fingerprint-Based Criminal History Records Information (CHRI) Check or **Letter of Suitability with a CHRI date no more than six (6) years from the date of hire
- Online Safe Environment training
- Online 51A Mandated Reporter training
- Sign the latest Code of Conduct disseminated by the Office of Safe Environment
- Completion of a W-9 form for tax purposes

All paperwork should be submitted to: Diocese of Fall River, Catholic Schools Alliance
373 Elsbree Street, Fall River, MA 02720