

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	d: Subs	titute Teacher	Subs	titute Schoo	l Nurse			
Level of the pos	ition for which y	ou are applying:						
	Fleme	ntary (PreK-5)	Middle	(Gr. 6-8)		Secondary (9-12)		
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Subjects/Grade	s Qualified to Te	ach: 1			2.			
Date available t	or work	··						
Are you applyin	g for a position v	vith a specific scho	ol?			Yes No		
If yes, please ide	entify the school	and city:						
Coographic are	a ta which you a	ro willing to traval	as a substituto. (shook as ma	n., ac an	al. A		
Geographic area	a to willen you a	re willing to travel	as a substitute: (CHECK as Ma	пу аз ар	μιγ <i>)</i>		
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)						

Revised 9-27-24

EMERGENCY CONTACT INFORMATION

Name:

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

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 a In the event that I should require medical t desires to attending physicians or other me necessary medical treatment to be adminis	reatment and I am not able to communicate my edical personnel, I give permission for the				
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
- Department of Children and Families Central Registry Record Request form
- Fingerprint-Based Criminal History Records Information (CHRI) Check
- 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