SUBSTITUTE TEACHER AIDE APPLICATION

WYNANTSKILL UNION FREE SCHOOL DISTRICT 25 EAST AVENUE, TROY, NEW YORK 12180 BUSINESS OFFICE PHONE (518) 283-4679 x 14

		DATE
LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
FIRST PHONE NUMBER	SECOND CONTACT NUMBER	SOCIAL SECURITY NUMBER
EDUCATIONALBACKGROUND		
NAME & ADDRESS OF SCHOOL HIGH SCHOOL	DATES ATTENDED	DEGREE/DIPLOMA
COLLEGE		
GRADUATE SCHOOL		
OTHER		
TYPE OF NEW YORK STATE CE	RTIFICATION HELD:	
CERTIFICATE OF QUALIFICATI	ONPROVISIONAL	PERMANENT
VALID FOR SUBJECT (S)		
	ANENT TEACHER IN THE WYNANTSI	
NO: 🗖	IF YES, DATES: FROM	_TO
TEACHER RETIREMENT SYSTE	M NUMBER	

TEACHING EXPERIENCE SCHOOL NAME & ADDRESS SUBJECTS/GRADE DATES TEACHING INTERESTS: GRADES: KINDERGARTEN PRIMARY 1-5 MIDDLE SCHOOL 6-8 SPECIAL SUBJECT AREAS FOR MIDDLE SCHOOL: MATH SCIENCE ENGLISH SOCIAL STUDIES LANGUAGE COMPUTER KNOWLEDGE/EXPERIENCE REFERENCES: PLEASE LIST THE NAMES AND COMPLETE MAILING ADDRESS OF AT LEAST THREE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE. WHO MAY BE CONTACTED BY SCHOOL OFFICIALS FOR REFERENCES AS TO YOUR QUALIFICATION, CHARACTER AND RELIABILITY. 1. NAME______2. NAME_____ ADDRESS_____ADDRESS_____ PHONE _____ PHONE _____ 3. NAME _____ ADDRESS PHONE

WYNANTSKILL UFSD OFFERS EMPLOYMENT WITHOUT REGARDS TO SEX, RACE, COLOR, NATIONAL ORIGIN OR HANDICAP. COMPLAINTS RELATING TO COMPLIANCE WITH THIS POLICY MAY BE MADE TO: TITLE IX, SECTION 504 COORDINATOR, WYNANTSKILL UFSD, 25 East Avenue Troy NY 12180 PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, THE WYNANTSKILL UFSD WILL PROVIDE REASONABLE ACCOMMODATIONS TO JOB APPLICANTS AND EMPLOYEES WHO ARE QUALIFIED INDIVIDUALS AND DISABILITIES.

NOTE: APPLICATION FORMS BECOME PART OF YOUR PERMANENT RECORDS FOLDER. PLEASE BE CERTAIN THAT ALL INFORMATION IS GIVEN CORRECTLY.