

SUBSTITUTE TEACHER ASSISTANT 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

EDUCATIONAL BACKGROUND:		
<u>NAME & ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED</u>	<u>DEGREE/DIPLOMA</u>
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER		

TYPE OF NEW YORK STATE CERTIFICATION HELD:

CERTIFICATE OF QUALIFICATION _____ PROVISIONAL _____ PERMANENT _____

VALID FOR SUBJECT (S) _____

HAVE YOU EVER BEEN A PERMANENT TEACHER IN THE WYNANTSKILL UFSD?

NO:

IF YES, DATES: FROM _____ TO _____

TEACHER RETIREMENT SYSTEM NUMBER _____

