

25 EAST AVENUE, TROY, NEW YORK 12180
 BUSINESS OFFICE PHONE (518) 283-4679 x 14

SUBSTITUTE TEACHER APPLICATION (Certified)

_____ DATE _____

_____ LAST NAME FIRST NAME MIDDLE NAME _____

_____ MAILING ADDRESS _____

_____ FIRST PHONE NUMBER EMAIL ADDRESS 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 _____

AVAILABILITY:

M__ TU__ W__ TH__ F__

TEACHING EXPERIENCE

DATES	SCHOOL NAME & ADDRESS	SUBJECTS/GRADE

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.