

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

## SUBSTITUTE TEACHER APPLICATION (Non-Certified)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
FIRST PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

EDUCATIONAL BACKGROUND:		
<u>NAME &amp; 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.