

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:		
NAME & ADDRESS OF SCHOOL HIGH SCHOOL	DATES ATTENDED	DEGREE/DIPLOMA
COLLEGE		
GRADUATE SCHOOL		
OTHER		
TYPE OF NEW YORK STATE CER	ΓΙΓΙCATION HELD:	
CERTIFICATE OF QUALIFICATION	NPROVISIONAL	PERMANENT
VALID FOR SUBJECT (S)		
HAVE YOU EVER BEEN A PERMA	NENT TEACHER IN THE WYNAN	TSKILL UFSD?
NO: □	IF YES, DATES: FROM	ТО
TEACHER RETIREMENT SYSTEM	NUMBER	
AVAILABILITY:		
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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. EMAIL ADDRESS EMAIL ADDRESS PHONE_____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.

3. NAME_____

EMAIL ADDRESS

PHONE

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