



# Norwich City School District

Personnel Office  
89 Midland Drive  
Norwich, N.Y. 13815  
607-334-1600 ext. 5504  
(Fax) 607-336-8652

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Available Employment Date

## Substitute/Student Teacher Application

Name \_\_\_\_\_  
Last First Middle (Other)

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Retirement Number \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No. If yes, explain. \_\_\_\_\_

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal/History Record Check for Prospective School Employees and Applicants for Certification)? \_\_\_ Yes \_\_\_ No

### Areas of Assignment

If you wish to be assigned on only certain days of the week, or if you are a college student and are available for a certain period of time, please note: \_\_\_\_\_

Areas in which you wish to substitute (Please list in order of preference) \_\_\_\_\_

Schools to which you wish to be assigned: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER:** The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, sexual orientation, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, sexual orientation, marital status, or criminal record in connection with employment.

## Certification/Tenure

NYS Certification: Yes \_\_\_ No \_\_\_ If yes, Area (s)? \_\_\_\_\_

If you do not have NYS Certification, have you made application? \_\_\_ Yes \_\_\_ No

## Educational Preparation

### HIGHSCHOOL

Name of School	Location	Nature of Course	Degree	Graduated Y/N

### UNDERGRADUATE

Name of School	Location	Nature of Course	Degree	Graduated Y/N

### GRADUATESCHOOL

Name of School	Location	Nature of Course	Degree	Graduated Y/N

### STUDENT TEACHING

Employer	Location	Position	Dates From/To

## Professional Experience

### PROFESSIONAL EXPERIENCE (Include other schools where you are currently subbing.)

Employer	Location	Position	Dates From/To	Salary

### REFERENCES (list three individuals who have closely observed your work in the field for which you are applying.)

Name	Title	Address	Telephone

**I hereby authorize the Norwich City School District to conduct any background investigations that are necessary. Also, that any records of employment or any other records from any firm, individual, school, or anyone the Norwich City Schools may have to contact, that these records may be released. I certify that all information provided in this application is true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_