

SOUTH LEWIS CENTRAL SCHOOLS  
PO BOX 10  
TURIN, NEW YORK 13473

**APPLICATION FOR SUBSTITUTE TEACHER**

(Please print or type)

NAME \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ OTHER PHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_ YOU CAN BE REACHED \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Do you wish to be included on the 2023-2024 substitute teacher list? \_\_\_\_\_ YES \_\_\_\_\_ NO

**CERTIFICATION**

Do you hold a current New York State Teaching Certificate? \_\_\_\_\_

Which Type? \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you do not hold a certificate, have you submitted an application? \_\_\_\_\_

Date Submitted \_\_\_\_\_

For which type of certificate did you apply? \_\_\_\_\_

National Teachers' Exam Test Scores: English \_\_\_\_\_  
Social Studies \_\_\_\_\_ Science \_\_\_\_\_  
Math \_\_\_\_\_ Pedagogical Practices \_\_\_\_\_

**EDUCATION**

Name of Institution	Location	From	To	Major	Minor	Degree

**ACTUAL TEACHING EXPERIENCE**

Name of School-Community	Grade or Subjects	Dates	Salary

OTHER INFORMATION

Preferred Substitute Area(s):      Elementary K-5 \_\_\_\_\_      High School 9-12 \_\_\_\_\_  
   Middle School 6-8 \_\_\_\_\_      Special Education \_\_\_\_\_

Do you wish to be considered for full-time employment?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

What days are you available? \_\_\_\_\_

What times of the day aren't you available? \_\_\_\_\_

Explain \_\_\_\_\_

Are you available for assignments to all schools in the district?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If not, explain, and list preferences. \_\_\_\_\_

Are you registered with other school districts for substitute employment?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, which one(s)? \_\_\_\_\_

Are you available on short notice (1 or 2 hours)?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If not, explain \_\_\_\_\_

Are you currently employed or self-employed full-time or part-time?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, explain \_\_\_\_\_

Will you have any transportation problems in reporting to work?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, explain \_\_\_\_\_

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM

Are you a member of the NYS Teachers' Retirement System? \_\_\_\_\_

If YES, what is your Membership Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Percentage Contribution \_\_\_\_\_%

I understand and agree to notify Miss Kate Ackerman, at 348-2505, if any of the above conditions change.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_