

## WAYLAND-COHOCTON CSD

2350 Rte. 63 • Wayland, NY 14572 • (585) 728-2211(Ext. 3396)

### APPLICATION FOR SUBSTITUTE TEACHER

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain on a separate sheet of paper.

Are you a member of the NYS Teachers' Retirement System? ☐ Yes ☐ No

If yes, New York State Teacher's Retirement Number: \_\_\_\_\_

Are you receiving benefits from the New York State Teachers' Retirement System as a retired or disabled teacher? ☐ Yes ☐ No

Have you been fingerprinted by the New York State Education Department? ☐ Yes ☐ No

If no, you must obtain fingerprint clearance from the New York State Education Department prior to board approval. You are required to pay the fingerprint processing fee of \$102.00.

### **CERTIFICATION**

Please list the New York State Teaching Certifications that you possess:

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**Please attach a copy of your certification.**

### **CHECK ALL GRADES AND AREAS WHERE YOU WOULD BE WILLING TO SUBSTITUTE**

☐ K-4 ☐ 5-8 ☐ 9-12 Any Area Where Needed

#### **OR Specific grade and area:**

☐ K-4 Classroom

☐ K-4 ☐ 5-8 ☐ 9-12 Art

☐ K-4 ☐ 5-8 ☐ 9-12 Physical Education

☐ K-4 ☐ 5-8 ☐ 9-12 Library

☐ K-4 ☐ 5-8 ☐ 9-12 Remedial Reading

☐ K-4 ☐ 5-8 ☐ 9-12 Remedial Math

☐ K-4 ☐ 5-8 ☐ 9-12 Music

☐ 5-8 ☐ 9-12 Special Education

☐ 5-8 ☐ 9-12 Business/Computers

☐ 5-8 ☐ 9-12 English

☐ 5-8 ☐ 9-12 Home Ec/Technology

☐ 5-8 ☐ 9-12 Mathematics

☐ 5-8 ☐ 9-12 Science/Health

☐ 5-8 ☐ 9-12 Spanish/French

☐ 5-8 ☐ 9-12 Social Studies

**COLLEGE EDUCATION – PLEASE ATTACH UNOFFICIAL COLLEGE TRANSCRIPTS**Degree ReceivedCollege and LocationDate Received

_____	_____	_____
_____	_____	_____
_____	_____	_____

**TEACHING EXPERIENCE**Grade/AreaSchool and LocationDates

_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER EMPLOYMENT EXPERIENCE**Position/TitleAgency and LocationDates

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Work/life/personal experiences or qualities you possess that you feel would enhance your teaching capabilities:**

_____
_____
_____

**TEACHING REFERENCES**Day PhoneEvening PhoneName and TitleSchool District

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL REFERENCES**Day PhoneEvening PhoneName and Address

_____	_____	_____
_____	_____	_____

**RETURN COMPLETED APPLICATION WITH COPIES OF CERTIFICATIONS AND UNOFFICIAL TRANSCRIPTS TO THE SUPERINTENDENT'S OFFICE.**

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPELTE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE YOU TO CHECK THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION.

**DATED****SIGNATURE OF APPLICANT**

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