

**WAYLAND-COHOCTON CSD**

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

**APPLICATION FOR SUBSTITUTE TEACHING ASSISTANT**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

<u>Degree Received</u>	<u>College and Location</u>	<u>Date Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER EMPLOYMENT EXPERIENCE**

<u>Position/Title</u>	<u>Agency and Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

<u>Day Phone</u>	<u>Evening Phone</u>	<u>Name and Address</u>
_____	_____	_____
_____	_____	_____

**RETURN COMPLETED APPLICATION WITH COPIES OF CERTIFICATIONS AND UNOFFICIAL TRANSCRIPTS TO THE SUPRINTENDENT’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**

\_\_\_\_\_