

SHARON SPRINGS CENTRAL SCHOOL DISTRICT
PO BOX 218, 514 ST. RT. 20
SHARON SPRINGS, NEW YORK 13459
TELEPHONE (518)-284-2266 FAX (518)-284-9033

SUBSTITUTE TEACHER APPLICATION

Directions:

1. Please print or type clearly.
2. Complete the form and forward it together with a copy of your certification to:
 Personnel Department
 Sharon Springs Central School
 PO Box 218
 Sharon Springs, NY 13459
3. Do not indicate "see attached vita or materials" and have your College Placement Office forward your credentials immediately.

The Position you are seeking: _____

Personal Information

Name: Last **First** **Middle**

Present Position

Business Telephone **Home Telephone**

Business Address **Home Address**

.....
FOR OFFICIAL USE ONLY

| | |
|------------------------------------|--|
| Tenure Area: | |
| Appointment Date Effective: | |
| Completion Date: | |
| Certification Area: | |
| Certification Status: | |
| Annual Salary Rate: | |
| Step/Level: | |
| Assignment: | |
| FTE: | |
| Replacing: | |

EMPLOYMENT RECORD

Please list your most recent teaching experience first:

| | | |
|---------------------------|-----------------|----------------------------|
| Dates | Position | Employer/Supervisor |
| Reason for Leaving | | Final Salary |
| Dates | Position | Employer/Supervisor |
| Reason for Leaving | | Final Salary |
| Dates | Position | Employer/Supervisor |
| Reason for Leaving | | Final Salary |
| Dates | Position | Employer/Supervisor |
| Reason for Leaving | | Final Salary |
| Dates | Position | Employer/Supervisor |
| Reason for Leaving | | Final Salary |

APPOINTMENTS OF TENURE

| | | |
|--------------------|-----------------------------------|--------------------|
| <u>Institution</u> | <u>Date of Tenure Appointment</u> | <u>Tenure Area</u> |
|--------------------|-----------------------------------|--------------------|

EDUCATION AND DEGREES

| | | | |
|--------------------|--------------------|---------------|-------------|
| <u>Institution</u> | <u>Major/Minor</u> | <u>Degree</u> | <u>Date</u> |
|--------------------|--------------------|---------------|-------------|

REFERENCES

State the names of persons who during the last 5 years are knowledgeable as to your educational work and other experiences.

Name

Position

Address

State

Zip Code

Telephone (Work)

Telephone (Home)

Name

Position

Address

State

Zip Code

Telephone (Work)

Telephone (Home)

Name

Position

Address

State

Zip Code

Telephone (Work)

Telephone (Home)

Name

Position

Address

State

Zip Code

Telephone (Work)

Telephone (Home)

Name

Position

Address

State

Zip Code

Telephone (Work)

Telephone (Home)

CERTIFICATION

| <u>Area</u> | <u>Type</u> | <u>State</u> | <u>Date</u> |
|-------------|-------------|--------------|-------------|
| | | | |
| | | | |
| | | | |

Please answer the following questions:

Have you ever been convicted of a criminal offense (excluding parking violations)?

YES _____ NO _____ If yes, please attach an explanation.

Have you ever been discharged or required to resign from a position?

YES _____ NO _____ If yes, please attach an explanation.

Have you ever had a certification or license revoked or suspended?

YES _____ NO _____ If yes, please attach an explanation.

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?

YES _____ NO _____ If yes, please attach an explanation.

I hereby affirm that the statements made in this application are true and complete. Further, I agree and understand that any falsification of material facts will result in my forfeiting any rights to consideration for employment in the Sharon Springs Central School District. If hired, I am required to supply the following to the Personnel Department: Official transcripts of all college credits, valid certificates and licenses and a recent physical examination report.

I hereby acknowledge that I have read the foregoing disclosure and understand the same.

Signature of Applicant

Date