

**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.

## **Personal Information**

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**Name: Last**

**First**

**Middle**

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**Present Position**

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**Home Telephone**

**Cell Phone:**

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**Home Address**

## EMPLOYMENT RECORD

Please list your most recent teaching experience first:

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<b>Dates</b>	<b>Position</b>	<b>Employer/Supervisor</b>
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<b>Reason for Leaving</b>	<b>Final Salary</b>
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<b>Dates</b>	<b>Position</b>	<b>Employer/Supervisor</b>
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<b>Reason for Leaving</b>	<b>Final Salary</b>
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<b>Dates</b>	<b>Position</b>	<b>Employer/Supervisor</b>
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<b>Reason for Leaving</b>	<b>Final Salary</b>
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<b>Dates</b>	<b>Position</b>	<b>Employer/Supervisor</b>
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<b>Reason for Leaving</b>	<b>Final Salary</b>
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<b>Dates</b>	<b>Position</b>	<b>Employer/Supervisor</b>
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<b>Reason for Leaving</b>	<b>Final Salary</b>
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## EDUCATION AND DEGREES

Institution

Major/Minor

Degree

Date

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## 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)



## CERTIFICATIONS

<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 compete. 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**