



Michelle Martoni

Assistant Superintendent for Educational Programs

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www.newpaltz.k12.ny.us

Dear Substitute Teacher Applicant:

Thank you for your interest in applying for a substitute teaching position in the New Paltz Central School District. Please complete the enclosed application and return it to my attention. We must have your social security number to check your fingerprint clearance with the New York State Education Department. Your application will not be processed without a social security number.

Non-certified candidates must hold a bachelor's degree from an accredited college. Non-certified substitutes are not permitted to teach more than forty (40) days per year in any school district.

All applicants should attach a copy of the transcript which indicates a degree was granted. Official transcripts will be required for appointment.

You may be contacted for an interview by one of the building administrators. Please feel free to call my office with any questions.

Sincerely,

Michelle Martoni
Assistant Superintendent for Educational Programs

Enclosures
MM/mk

**APPLICATION FOR
 SUBSTITUTE TEACHING**

Please type or print

Date _____

Name _____
 First **Middle** **Last**

Address _____

_____ Telephone () _____

Mailing Address (if different from above) _____

1. Please fill out this application accurately and completely, including certification information.
2. Add any supplementary information that will provide a more complete estimate of your qualifications.
3. Interviews will be arranged by appointment.
4. Applications should be returned to the Personnel Office.

New Paltz Central School District, 196 Main Street, New Paltz, NY 12561

AREAS IN WHICH YOU PREFER TO SUBSTITUTE

Elementary School - - Grades Kdgn. - _____

Middle School - - Grades 6 - 8 (Subjects in order of preference) _____

Senior High School - Grades 9 - 12 (Subjects in order of preference) _____

Other
 (Specify) _____

CERTIFICATION INFORMATION

Are you certified in New York State? _____ If yes, please complete the following and attach a copy of your certification.

Title of certification _____ From _____
 CQ, Provisional, Permanent

Valid from _____ Issued to _____
 If Name was Different

A candidate not officially certified to teach in the public schools of New York State outside of New York City should give the status of his/her application, if any, as follows (check one):

Application submitted to and approved by the NYS Department of Education, certificate forthcoming _____

Application filed – decision pending _____ Application not filed _____

Other certificates held; type and issuing authority _____

If you are a member of NYS Teachers' Retirement System, please state your number _____

Social Security No. _____

EDUCATION AND PROFESSIONAL TRAINING

Schools Attended	Dates Attended	Majors & Minors	Degree Received

Please have official transcripts forwarded to the Personnel Office from all schools from which you obtained a degree or which you are currently attending.

TEACHING EXPERIENCE

List in chronological order (include student teaching if experience does not total three years)

Dates	Name of School	Location	Grade/Subject	No. of Years Taught

WORK EXPERIENCE OTHER THAN TEACHING

Dates	Firm or Institution	Nature of Work	No. of Months

REFERENCES

Give five references who have first-hand knowledge of your scholarship, teaching ability, or work record. If presently employed, include your present employer.

Name	Position	Present Address	Telephone No.

Have you ever failed to be reappointed or have you ever been discharged from a school position? ____

If so, please explain _____

PERSONAL DATA

What prompted your decision to make application in this School District?

What are your professional goals and/or future plans?

Please provide any information which will assist us in arriving at a fair estimate of your qualifications

VERIFICATION

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, I hereby authorize the District to conduct work history and personal reference inquires to determine my acceptability for employment. I acknowledge employment may be subject to a fingerprint and criminal check.

Signature of Applicant

Date

An Equal Opportunity Employer