



Dr. Linda Oehler-Marx, Deputy Superintendent
196 Main Street, New Paltz, New York 12561
Phone: (845) 256-4030 • Fax: (845) 256-4027
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. Please list an email address on your application (or resume) that you can be contacted at, if needed.

Minimum application requirements:
High School Diploma
At least one year beyond High School

All applicants must attach a copy of their high school diploma or a copy of their college transcript.

Non-certified substitutes are not permitted to teach more than forty (40) days per year in any school district.

You may be contacted for an interview by one of the building administrators.

Please note, candidates for employment in school districts must obtain fingerprint clearance through New York State Education Department prior to being hired.

Feel free to call my office with any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "Linda Oehler-Marx".

Dr. Linda Oehler-Marx
Deputy Superintendent

Enclosure
LOM/ed

**APPLICATION FOR
SUBSTITUTE TEACHING**

Please type or print

Date _____

Name _____
First Middle Last

Address _____

_____ Telephone () _____

Mailing Address (if different from above) _____

Email Address _____

1. Please fill out this application accurately and completely, including certification information.
2. Add any supplementary information regarding your qualifications/attach resume.
3. Attach a copy of your high school diploma or your college transcript.
4. Interviews will be arranged by appointment.
5. Applications should be returned to the Personnel Office/Educational Programs Office.

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

AREAS IN WHICH YOU PREFER TO SUBSTITUTE

Elementary School - - Grades Kdgn. - 5 _____

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 _____ Type _____
Initial, Professional, Permanent

Effective Dates _____ 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 attach a copy of your high school diploma or your college transcript to your application.****

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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 three references who have first-hand knowledge of your work record, scholarship, and/or teaching ability. 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. _____

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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 inquiries to determine my acceptability for employment. I acknowledge employment may be subject to a fingerprint and criminal check.

Signature of Applicant

Date

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