

**APPLICATION FOR
SUBSTITUTE TEACHING**

Please type or print

Date_____

Name_____

First	Middle	Last
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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. Applications should be returned to the attention of the Deputy Superintendent in the Educational Programs Office.

Mailing address: New Paltz Central School District, 196 Main Street, New Paltz, NY 12561

5. If you are chosen for an interview you will be contacted to arrange an appointment.

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? Yes _____ No _____

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 _____

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?

Yes or No _____

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

Submission of this application does not guarantee an interview or employment.

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