

APPLICATION FOR SUBSTITUTE TEACHING EDWARDS-KNOX CENTRAL SCHOOL

P.O. Box 630
Russell, New York 13684

High School
562-3227 or 347-3410

Elementary
562-3284 or 347-3210

Anyone wishing to substitute in the Edwards-Knox Central School District will fill out this form. The information contained will be confidential. If you accept a full-time position at a later date with the Edwards-Knox Central School District, the information contained herein becomes part of the teacher's professional file. Therefore, be certain that all information is accurate, complete and legible. Please type or print. This application will be held on file for the school year in which you apply.

Name_____ Date of application_____

Address_____ Date of birth_____

Telephone_____ Social Security Number_____

Are you currently employed or self-employed full or part-time?_____

Do you hold a New York State Teaching Certificate or Certificate of Qualification?_____ If yes, give number and date of issue_____

Subject Area(s)_____ Permanent_____ or Provisional_____

Member of the N.Y.S. Teacher's Retirement System?_____ If yes, #_____

Do you have any hobbies or interests or special abilities which make you especially able to substitute in a certain field or areas?_____ If yes, state the area(s) and reasons (exclusive of those stated in question).

Please check grade levels you are interested or able to substitute in:

_____ K-3 _____ 4-6 _____ 7-8 _____ 9-12

Please state grade levels or areas that you **do not** wish to be considered for (ex.: physical education, industrial arts, etc.)_____

Are there any days of the week or times of day(s) that you are not available? If yes, give day(s) or time(s)_____

Have you ever been convicted of a felony?_____

HIGH SCHOOL EDUCATION: Please complete the following on the high school from which you graduated:

High School_____

Location_____ Date of Graduation_____

Type of Diploma (school/regents)_____

COLLEGE EDUCATION: Please list all colleges and universities you attended.

<u>Institution</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree (if any)</u>

List activities you are competent and willing to direct or coach outside of the school day. (Plays, yearbook, sports, etc.): _____

REFERENCES: Please list below the names and address of three people from whom we may solicit letters of appraisal regarding your ability and your work. (Sealed letters of reference should be attached to this application.) This application will not be processed without the letters.

<u>Names</u>	<u>Address</u>	<u>Phone #</u>	<u>Nature of Association</u>

EMPLOYMENT RECORD: List below all present and past employment beginning with your most recent employment:

<u>Name & Address</u>	<u>From-To</u>	<u>Describe Work</u>	<u>Reason for leaving and name of supervisor, phone #</u>

Please attach a statement on why you are applying for this position.

The facts set forth above in my application are true and complete to the best of my knowledge. In addition, I authorize the Edwards-Knox Central School District to investigate all statements in this application and to secure all appropriate information from all my employers, references, academic institutions and governmental departments and agencies. I do hereby authorize such employers, references, academic institutions and agencies to release such information and I do hereby release all of those employers, references, academic institutions and the Edwards-Knox Central School District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the Edwards-Knox Central School District.

Signature of Applicant: _____

Please complete this form, attaching three reference letters and return it to:

Suzanne L. Kelly
Superintendent of School
Edwards-Knox Central School
P.O. Box 630
Russell, New York 13684

Edwards-Knox Central School is an Equal Opportunity Employer. William Cartwright is the Compliance Officer for Title IX. Any inquiries regarding compliance with Title IX should be directed to the Compliance Officer at the address listed above, telephone (315) 562-8326 or through the Director of the Office of the Civil Rights, Department of Health, Education and Welfare, Washington, D.C.