

**Candor Central School District
P.O. Box 145
1 Academy Street
Candor, NY 13743**

Thank you for your interest in our schools.
Please complete and return this form to the
Candor Central School District Office
at the above address.

SUBSTITUTE TEACHER APPLICATION FORM

Name:		Date:	
Present Address:		Until:	
Permanent Address:			
Home Phone: ()	Email Address:	SS #:	NYS Retirement #:
Cell Phone: ()			

Have you ever been convicted of a crime? Yes No If yes, explain. _____
A conviction will not necessarily disqualify an applicant from employment.

Are you a U.S. Citizen? Yes No If no, have you filed a declaration of intention to become a U.S. Citizen? Yes No

Are you a veteran? Yes No If yes, did you receive an honorable discharge? Yes No Are you an active reservist? Yes No

Branch of Service	Dates of Service	Highest Rank Attained	Nature of Assignment

SUBSTITUTE INFORMATION

Date you are available to start subbing: _____ When are you available for an interview? _____

CERTIFICATION/LICENSE

I hold the **New York State** Certificate(s) described below. *(PLEASE PROVIDE COPIES)*

Teaching/Administrative

Permanent/Professional Provisional/Initial Subject Area(s): _____ Date issued **or** due: _____

Permanent/Professional Provisional/Initial Subject Area(s): _____ Date issued **or** due: _____

Teacher Assistant: Level I Level II Level III Pre-Professional Date issued **or** due: _____

IF YOU DO NOT HOLD A NYS TEACHER CERTIFICATE, HAVE YOU MADE APPLICATION TO THE NYSED FOR ONE? Yes No

If yes, Date submitted **and** certification subject area(s) _____

If no, date you expect to be ready to apply for such **and** certification subject area(s) _____

Indicate the college degree you hold (*itemize on next page*): None Associates Bachelors Masters Doctorate

Other licenses/certificates held: type and issuing authority: _____

FINGERPRINTING & CRIMINAL HISTORY BACKGROUND CHECK

Effective 7/1/2001 the Schools Against Violence in Education (SAVE) Legislation requires all new school district employees, (both certified and non-certified), to undergo fingerprinting and criminal history background check through the NYS Education Department as clearance for employment or certification.

Have you completed this process resulting in the paperwork being submitted to the NYS Education Department? Yes No

If yes, Name the NYS educational institution that originated your most current fingerprinting & criminal history background check (F&CHBC): _____
Approx. Date Performed: _____

Name the Institution that submitted the F&CHBC documents to OSPRA at the NYS Education Dept.: _____

EDUCATION

Name and Address of School - Include High School, College, Graduate Work and Summer Sessions in order taken	Semester Hours Completed	Name of Degree Received <small>(i.e., AAS, BS; MS; Ph.D.)</small>	Nature of Studies	Dates Attended / Date Degree Granted <i>(If in process, indicate approx. completion date)</i>
High School:				
College (Undergraduate)*:				
College (Graduate)*:				
Other*:				

***PROVIDE COPY OF TRANSCRIPTS AND COPIES OF ANY CERTIFICATION (if applicable)**

TEACHING EXPERIENCE (If applicable)

Name & Address of School	Dates	Percentage (%) of Time Employed	Nature of Work
Student Teaching:			
Teaching Experience:			
Other Related Professional Experience:			

WORK EXPERIENCE OTHER THAN TEACHING (List ALL Work Experience)

DATES	FIRM OR INSTITUTION AND ADDRESS	NATURE OF WORK	% PERCENTAGE OF TIME WORKED

REFERENCES

Please provide at least three (3) persons having personal knowledge of your professional training, experience, personal character and ability for the position of substitute teacher. Please include a supervisor(s) for whom you have worked. Please send copies of your written references or college credential file with this application.

NAME AND PRESENT ADDRESS	POSITION TITLE	TELEPHONE NUMBER	DATES EMPLOYED OR KNOWN

My signature below indicates that I understand that officials of the appointing school district(s) will be making an inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me, whether specified in my application or not, as long as the information given is relevant to the duties for which I have applied. I understand that information gathered, in part of whole may be shared with Supervisors and members of the appointing school district(s). I understand that all information gathered by you regarding my application will be the property of the appointing school district(s) and will not be released to me unless required by federal or state statutes or regulations.

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Signature

Date

EQUAL OPPORTUNITY EMPLOYER

No person shall be discriminated against in hiring practices or in the terms, conditions, and benefits of employment because of race, creed, color, religion, gender, national origin, age, physical handicap, political affiliation, marital status, or sexual orientation.