

# NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Rd., North Tonawanda, New York 14120

## SUBSTITUTE TEACHER APPLICATION

### GENERAL INFORMATION

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone # \_\_\_\_\_

### EDUCATION & PROFESSIONAL TRAINING

New York State Certification Information

<u>Number</u>	<u>Subject Area</u>	<u>Type of Certificate</u>	<u>Exp. Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School \_\_\_\_\_ Address \_\_\_\_\_

<u>COLLEGE/UNIVERSITY</u>	<u>Degree</u>	<u>Date of Graduation</u>	<u>Total Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### BACKGROUND INFORMATION

1. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? \_\_\_\_ YES \_\_\_\_ NO
2. Did you ever resign from any employment rather than face dismissal? \_\_\_\_ YES \_\_\_\_ NO
3. Are any criminal charges or proceedings pending against you? \_\_\_\_ YES \_\_\_\_ NO
4. Have you ever been convicted of any crime (felony or misdemeanor)? \_\_\_\_ YES \_\_\_\_ NO
5. Have you ever resigned from any employment at the request of any employer to avoid discharge, or any other disciplinary action? \_\_\_\_ YES \_\_\_\_ NO

### TEACHING OR RELATED EXPERIENCE (Include Student Teaching Experience)

<u>School District/School</u>	<u>Employment Dates</u>	<u>Position</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List each of the school districts where you have already been approved to substitute:

\_\_\_\_\_

PLEASE CHECK THE GRADES YOU ARE WILLING TO TEACH ON A SUBSTITUTE BASIS:

PREFERRED AREAS XX

ACCEPTABLE AREA X

ELEMENTARY

SECONDARY

K - 3 \_\_\_\_\_ Grades 4 -6 \_\_\_\_\_

Grades 7-8 \_\_\_\_\_ Grades 9 -12 \_\_\_\_\_

Circle Days Available: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Other Prior Employment (start with most recent):

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Please provide three (3) professional references: *(must complete)*

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

ALL STATEMENTS ARE SUBJECT TO VERIFICATION  
THIS AFFIRMATION MUST BE COMPLETED.

I affirm that the statements made on this application (including any attached papers) are true under the penalty of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission, or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I understand that if I am considered for an offer of employment, the school district will conduct a background investigation which may include but not limited to: asking current and former employer(s), professional references, and educational institutions about my education, training, experience, job performance, professional conduct and evaluations, reason(s) for leaving employment, whether I would be rehired and similar information.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

North Tonawanda City School District provides equal employment opportunities for all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other group protected by federal, state or local laws. Equal Opportunity Employer