

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 # _____ Are you a member of the New York State Teachers' Retirement System? _____
New York State Teachers' Retirement # _____
Date of Membership (Required) _____

EDUCATION & PROFESSIONAL TRAINING

New York State Certification Information – Attach a copy of your teaching certificate or submit proof of Qualification of Certification.

<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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING OR RELATED EXPERIENCE (Include Student Teaching Experience)

<u>Employer</u>	<u>Employment Dates</u>	<u>Position</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

PREFERRED AREAS XX

ACCEPTABLE AREA X

ELEMENTARY

Pre-K - 6 _____

SPECIAL EDUCATION

K - 6 _____

7 - 8 _____

9 - 12 _____

SECONDARY SUBJECTS

BUSINESS

Secretarial _____

Non-Secretarial _____

ENGLISH

7 - 8 _____

9 - 12 _____

FOR. LANG.

French _____

German _____

Spanish _____

HEALTH

7 - 8 _____

9 - 12 _____

MATHEMATICS

7 - 8 _____

9 - 12 _____

SOCIAL STUDIES

7 - 8 _____

9 - 12 _____

SCIENCE

7 - 8 _____

9 - 12 _____

SPECIAL SUBJECTS (K-12)

ART

HOME & CAREERS

TECHNOLOGY (IA)

LIBRARY MEDIA

MUSIC:

Vocal _____

Instrumental _____

PHYSICAL ED.

Life Saving

Cert. (copy) _____

Circle Days Available: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Current Employment Status: Seeking Full-Time Teaching _____

Other (Specify) _____

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 _____

REMARKS:

Date Signature

North Tonawanda does not discriminate in employment because of race, creed, color, national origin, age, sex or handicap.