

Interview _____
Ref. Check _____

F'prt. Mandate _____
Business Off. _____
BOE Approv. _____
SED F'prt. Cl. _____

FAYETTEVILLE-MANLIUS CENTRAL SCHOOL DISTRICT
8199 E. SENECA TURNPIKE, MANLIUS NY 13104-2140
(315) 692-1234

SUBSTITUTE APPLICATION

I am interested in: Substitute Teacher Substitute Teaching Assistant Both

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____ Phone number you prefer to be first contacted at: Home _____ Cell _____

Do you hold a Bachelor's degree? Yes ___ No ___ (Required for substitute teacher)

Do you hold a high school diploma? Yes ___ No ___ (Required for substitute teaching assistant)

EDUCATIONAL BACKGROUND

College/University	Dates Attended	Month/Year Graduated	Degree Held and Major

High School	Dates Attended	Month/Year Graduated	City, State

TEACHER CERTIFICATE (Certification is not required for subbing.)

(Please include a copy of your New York State Teacher Certificate or TEACH page indicating the status of your certification.)

Type	Date Issued	State	Certification Area	Valid Until

TEACHING EXPERIENCE

School	Dates	Grades or Subjects

Are you interested in homebound instruction? (NYS certification is required) Yes___ No___

Grade levels you prefer to teach: (Sub teacher only)_____

Subjects you prefer to teach: (Sub teacher only)_____

Are you interested in substitute secretarial work? Yes___ No___ (Requires 2 yrs. clerical experience. Attach sheet listing experience.)

Have you been fingerprinted? Yes___ No___ When? _____

Have you had your fingerprints submitted to the NY State Education Department? Yes___ No___

Have you ever been convicted of a crime? Yes___ No___

If yes, explain _____

Have you ever submitted an application to the Fayetteville-Manlius School District? Yes___ No___

If so, for what position? Position:_____ When:_____

Have you ever been employed by the Fayetteville-Manlius School District? Yes___ No___

If yes, state position and dates: Position:_____ Dates:_____

REFERENCES

Name _____ Relationship _____

Address _____

Phone - Indicate if work (W), home (H) or cell (C) _____

Name _____ Relationship _____

Address _____

Phone - Indicate if work (W), home (H) or cell (C) _____

Name _____ Relationship _____

Address _____

Phone - Indicate if work (W), home (H) or cell (C) _____

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application and termination of employment.

DATE

APPLICANT'S SIGNATURE

The Fayetteville-Manlius School District does not discriminate on the basis of age, ethnic background, religion, creed, disability, marital status, gender, sexual orientation, veteran status, country of origin, or race in the educational programs and activities which it operates.