

OFFICE USE ONLY

Interview _____

Ref. Check _____

OSPRA Mandate _____

Business Off. _____

BOE Approved _____

SED F'prt. Cl _____

FAYETTEVILLE-MANLIUS CENTRAL SCHOOL DISTRICT

8199 E. SENECA TURNPIKE, MANLIUS NY 13104-2140

(315) 692-1234

SUBSTITUTE APPLICATION

I am applying for:

Substitute Teacher Substitute Teaching Assistant Substitute Teacher Aide Homebound Tutor Clerical

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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 and teacher aide)

EDUCATIONAL BACKGROUND

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

<u>High School</u>	<u>Dates Attended</u>	<u>Month/Year Graduated</u>	<u>City, State</u>

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.)

<u>Type</u>	<u>Date Issued</u>	<u>State</u>	<u>Certification Area</u>	<u>Valid Until</u>

TEACHING EXPERIENCE

<u>School</u>	<u>Dates</u>	<u>Grades or Subjects</u>

If interested in homebound instruction? (Do you have the required NYS certification) Yes ___ No ___

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

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

NON TEACHING EXPERIENCE

<u>Employer</u>	<u>Dates</u>	<u>Position Held</u>

Are you interested in substitute secretarial work? Yes ___ No ___ *(Requires 2 yrs. office experience. Attach resume 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)* _____

The Board of Education requires proof of citizenship or immigration status as a condition of employment.

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 or termination of employment.

DATE

APPLICANT'S SIGNATURE

The Fayetteville-Manlius School District does not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, pregnancy, status as a parent, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors in the educational programs and activities which it operates.