OFFICE USE ONLY

F'prt. Mandate_____

Interview _____

Business Off. _____

BOE Approv. _____

Ref. Check _____

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)

EDUCATIONAL BACKGROUND

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

High School	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

Revised 11/10/26

Are you interested in homebound instruction? (NYS certification is required) Yes____ No____

Are you a retired certified teacher? Yes ____ No ____ If yes, District retired from: _____

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

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

NON-TEACHING WORK EXPERIENCE

Employer	**Dates**	**Position Held**

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

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 – non-family members

Name _____ Relationship_____

Address_____ Email _____

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

Name _____ Relationship_____

Address_____ Email _____

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

Name _____ Relationship_____

Address_____ Email _____

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

The Fayetteville-Manlius Central School District 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 and 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 affiliations, military service, or other non-merit based factors in the educational programs and activities which it operates.