

SOUTH LEWIS CENTRAL SCHOOLS  
PO BOX 10  
TURIN, NEW YORK 13473

APPLICATION FOR SUBSTITUTE SCHOOL RELATED PERSONNEL  
(Please print or type)

NAME \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ OTHER NUMBER WHERE  
\_\_\_\_\_ YOU CAN BE REACHED \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Do you wish to be included on the 2018-2019 substitute list? \_\_\_\_\_ YES \_\_\_\_\_ NO

Substitute Areas: \_\_\_\_\_ CLERICAL \_\_\_\_\_ AIDE \_\_\_\_\_ CUSTODIAL/CLEANER/WATCHPERSON  
\_\_\_\_\_ FOOD SERVICE HELPER \_\_\_\_\_ CAFETERIA MONITOR \_\_\_\_\_ NURSE \_\_\_\_\_ BUS DRIVER  
\_\_\_\_\_ TRANSPORTATION AIDE OTHER \_\_\_\_\_

If clerical or aide, please check skills/equipment you are familiar with:

\_\_\_\_\_ PC \_\_\_\_\_ Calculator \_\_\_\_\_ Typewriter \_\_\_\_\_ Fax \_\_\_\_\_ Word  
\_\_\_\_\_ Excel \_\_\_\_\_ Access \_\_\_\_\_ Publisher Other \_\_\_\_\_

**EDUCATION**

(EFFECTIVE MAY 18, 1993, A PERSON SEEKING EMPLOYMENT IN THE SOUTH LEWIS CENTRAL SCHOOL DISTRICT, INCLUSIVE PART-TIME OR FULL-TIME, MUST HAVE A GED AND/OR A HIGH SCHOOL DIPLOMA)

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name/Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
State any additional information you feel may be helpful to us in considering your application				

**EXPERIENCE** (including Military Service)

Name of Firm or Employer	Location	Kind of Work	Dates of Employment

OTHER INFORMATION

Do you wish to be considered for full-time employment? \_\_\_\_\_ YES \_\_\_\_\_ NO

What days are you available? \_\_\_\_\_

What times of the day are you not available? \_\_\_\_\_

Explain \_\_\_\_\_

Are you available for assignments to all schools in the district? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, explain \_\_\_\_\_

Are you registered with other school districts for substitute employment? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, which one(s)? \_\_\_\_\_

Are you available on short notice (1 or 2 hours)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, explain \_\_\_\_\_

Are you currently employed or self-employed full-time or part-time? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, explain \_\_\_\_\_

Will you have any transportation problems in reporting to work? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, explain \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

Conviction will not necessarily disqualify an applicant from employment.

If YES, please explain \_\_\_\_\_

NEW YORK STATE EMPLOYEES' RETIREMENT SYSTEM

Are you a member of the NYS Employees' Retirement System? \_\_\_\_\_

If YES, what is your Membership Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Percentage Contribution \_\_\_\_\_%

I understand and agree to notify Miss Kate Ackerman, at 348-2505, if any of the above conditions change.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_