

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

APPLICATION FOR SUBSTITUTE TEACHER

(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 teacher list? _____ YES _____ NO

CERTIFICATION

Do you hold a current New York State Teaching Certificate? _____

Which Type? _____ Expiration Date _____

If you do not hold a certificate, have you submitted an application? _____

Date Submitted _____

For which type of certificate did you apply? _____

National Teachers' Exam Test Scores: English _____

Social Studies _____ Science _____

Math _____ Pedagogical Practices _____

EDUCATION

Name of Institution	Location	From	To	Major	Minor	Degree

ACTUAL TEACHING EXPERIENCE

Name of School-Community	Grade or Subjects	Dates	Salary

OTHER INFORMATION

Preferred Substitute Area(s): Elementary K-4 _____ High School 9-12 _____
 Middle School 5-8 _____ Special Education _____

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

What days are you available? _____

What times of the day aren't you 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 _____

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM

Are you a member of the NYS Teachers' 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 _____