



# SUBSTITUTE APPLICATION

For what position are you applying? – **please check all that apply**      Date available for employment: \_\_\_\_\_

- Classroom Teacher     
  Teaching Assistant     
  Teacher Aide     
  School Nurse

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_      First Name: \_\_\_\_\_      Middle Initial: \_\_\_\_\_  
 Street Address: \_\_\_\_\_      City/State: \_\_\_\_\_      Zip: \_\_\_\_\_  
 SS No. (voluntary) \_\_\_\_\_      Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Are you a citizen of the United States?     Yes     No     
 Are you serving in the US Armed Forces?     Yes     No

Fingerprints on File with New York State Education Department     Yes     No

## CERTIFICATION INFORMATION

Do you presently hold a valid NYS Teacher's or Teaching Assistant Certificate?      Yes \_\_\_ No \_\_\_

TYPE	DATE ISSUED/EXPIRES	CERTIFICATION AREA
<input type="checkbox"/> Initial	_____ / _____	_____
<input type="checkbox"/> Professional	_____ / _____	_____
<input type="checkbox"/> Provisional	_____ / _____	_____
<input type="checkbox"/> Permanent	_____ / _____	_____

TA Level I   
  TA Level II   
  TA Level III   
  TA Continuing   
  TA Pre-Professional   
 Date Issued: \_\_\_\_\_

List other CURRENT certificates you hold: \_\_\_\_\_

## EDUCATION AND PROFESSIONAL TRAINING (attach additional information if necessary)

School Name / Location	Degree / Diploma	Major (Area)	Minor (Area)
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	N/A
Undergraduate College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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**TEACHING EXPERIENCE** — If fewer than three (3) years of regular full time employment, include student teaching experience.

School: Name / Address / Telephone	Name/Title of Supervisor	Subject/Grade Level	Dates From - To

**OTHER WORK EXPERIENCE** — Please list your most recent experiences first.

Employer: Name / Address / Telephone	Name/Title of Supervisor	Position Held	Dates Employed From - To

**REFERENCES** - Please list the names of three (3) references who have closely observed your work as a professional or as a student and who have first hand knowledge of your character, experience, scholarship and teaching ability (if applicable).

Name and Complete Mailing Address	Title or Position Held	Email Address	Phone Number

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that false or incorrect information in this application is grounds for disqualification from further consideration or for subsequent dismissal from employment if I am hired. I also agree to notify the APW School District of any material changes in the information provided on this application. I hereby consent to have the APW School District contact anyone it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. Further, I hereby authorize my former employer/s, reference/s, and any other individual or organization to provide information solicited by the APW School District, and I hereby release and discharge each of the above, including the APW School District, from any liability of any kind or nature and waive all rights to bring any action for defamation, invasion of privacy, or any similar course of action against anyone contacted as a result of what he or she may say about me. The Commissioner of Education is required by law and regulation to request a fingerprint-supported criminal history record from the Division of Criminal Justice and the Federal Bureau of Investigation. Employment may be offered prior to receipt of fingerprint clearance. Continued employment is contingent upon clearance from the State Education Department.

I hereby make application to work as an Itinerant Substitute for the APW Central School District an Equal Opportunity/Affirmative Action Employer.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

=====DISTRICT ONLY=====

APW Elementary School UPK-2  APW Elementary School 3-6  APW Jr/Sr HS 7-8  APW Jr/Sr HS 9-12

References Checked: Yes No Days Available to Work: Monday  Tuesday  Wednesday  Thursday  Friday

Applicant Recommended As: Certified Teacher  Uncertified Teacher  Assistant  Aide  College Student

Interview Date: \_\_\_\_\_ Recommended by: \_\_\_\_\_

Applicant approved: Yes No Signature of Superintendent: \_\_\_\_\_/date \_\_\_\_\_

Note: This application will be maintained in our active file only during the school year in which it is filed..