



NOTE TO APPLICANT: Please print or type name & date along left margin.

Date _____
M.I. _____
First _____
Last Name _____

PROFESSIONAL SUBSTITUTE APPLICATION

(Teachers, Administrators, School Counselors, Psychologists)

The Vestal Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of actual or perceived race, gender identity or sex, sexual orientation, age, ethnic group, religion, religious practice, marital status, military status, color, weight, national origin, predisposing genetic characteristics or disability in violation of Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, or Section 504 of the Rehabilitation Act of 1973, Title II of the Genetic Information Non-Discrimination Act of 2008, New York State Human Rights Law and the Boy Scouts of America Equal Access Act of 2001.

Applicant's Full Name _____
(Last) (First) (M.I.)

N.Y.S. Teacher's Retirement System Number _____ Tier _____

Mailing Address _____
(Street) (City) (State) (Zip Code)

Telephone Numbers: Home (____) _____ Work (____) _____

Indicate substitute position(s) for which you are applying:

List grade level(s) and/or subject area(s) in order of preference:

Are you eligible to work in the U.S.?

Yes No

PERSONNEL USE ONLY

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Yes/No Graduation
High School					
College or University					

II. STUDENT TEACHING/INTERNSHIP EXPERIENCE (List chronologically.)

Name of School	School District City/County	State	Grade Level and/or Subject

III. TEACHING/ADMINISTRATIVE EXPERIENCE (List chronologically. Include substitute experience.)

Name of School	School District City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo/Day/Yr (From... To)	Total Years	Full Time (✓)	Part Time (✓)

IV. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment

V. MILITARY EXPERIENCE

Branch of Service	Discharge Date

VI. CERTIFICATION

Type of New York Certificate: Initial Professional Provisional Permanent
 Other - Specify: _____

Year of Expiration of New York Certificate _____ Number on the Certificate _____

If you have been issued a New York certificate, please submit a photocopy.....Copy enclosed? No Yes

VII. GENERAL INFORMATION

Have you ever been appointed to a tenured position in New York State?..... No Yes

If yes, cite school district(s) and dates(s) _____

Have you ever been refused tenure? (If yes, explain on attached sheet.) No Yes

Have you ever been discharged or requested to resign from a position?
 (If yes, explain on attached sheet.)..... No Yes

Have you ever been convicted of a violation of law other than a minor traffic violation?
 (If yes, explain on attached sheet.)..... No Yes

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse,
 or rape of a child? (If yes, explain on attached sheet.)..... No Yes

VIII. REFERENCES

It is the applicant’s responsibility to have a placement file or three written letters of reference provided to the school district in order to be considered for employment. In addition, the names of at least three reference sources must be provided below. At least one reference must be from a person who had supervisory responsibility for you at your current or recent place of employment. References may be contacted prior to interviews.

List below three references. References may be contacted prior to interviews.			ADMINISTRATIVE USE ONLY
Name of Reference & Title	Mailing Address	Phone Number	Init. & Date

IX. PROFESSIONAL ACTIVITIES

List any curriculum or other school committees on which you have participated:

Professional organizations to which you belong, including any offices you have held:

X. OTHER INFORMATION

Please provide information that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference sources from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsely answered statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Date _____ Signature of applicant _____