

LANSING CENTRAL SCHOOL DISTRICT



284 Ridge Road
Lansing, New York 14882
Phone: 607-533-3020
Fax: 607-3020-3602



Chris Pettograsso, *Superintendent*

SUBSTITUTE TEACHER APPLICATION

Please circle the substitute level(s) below of which you are willing to substitute:

Grade Levels: K-12 Pre-K K-3 K-5 4-5 6-8 9-12

Name:		Date:	
Present Address:		Until:	
Permanent Address:			
Home Phone: ()	Cell Phone: ()	SS #:	NYS Retirement #:

Have you ever been convicted of a crime? Yes No If yes, explain. _____
A conviction will not necessarily disqualify an applicant from employment.

Are you a U.S. Citizen? Yes No If no, have you filed a declaration of intention to become a U.S. Citizen? Yes No

Are you a veteran? Yes No If yes, did you receive an honorable discharge? Yes No Are you an active reservist? Yes No

Branch of Service	Dates of Service	Highest Rank Attained	Nature of Assignment

SUBSTITUTE INFORMATION

School District(s) for which you would be willing to serve as a substitute but are not yet Board approved to serve as a substitute:

(circle those that apply): Candor Dryden Groton Lansing TST Spec. Ed.
Newfield S. Seneca Trumansburg TST Alt. Ed. TST Career & Tech.

NOTE: you must be appointed by the Board of Education of each school district before you can sub there.

Date you are available to start subbing: _____ When are you available for an interview? _____

CERTIFICATION/LICENSE

I hold the **New York State** Certificate(s) described below. ***(PLEASE PROVIDE COPIES)***

Teaching/Administrative

Permanent/Professional Provisional/Initial Subject Area(s): _____ Date issued **or** due: _____

Permanent/Professional Provisional/Initial Subject Area(s): _____ Date issued **or** due: _____

Teacher Assistant: Level I Level II Level III Pre-Professional Date issued **or** due: _____

IF YOU DO NOT HOLD A NYS TEACHER CERTIFICATE, HAVE YOU MADE APPLICATION TO THE NYSED FOR ONE? Yes No

If yes, Date submitted **and** certification subject area(s) _____

If no, date you expect to be ready to apply for **and** such certification subject area(s) _____

Indicate the college degree you hold (*itemize on next page*): None Associates Bachelors Masters Doctorate

Other licenses/certificates held: type and issuing authority: _____

FINGERPRINTING & CRIMINAL HISTORY BACKGROUND CHECK

Effective 7/1/2001 the Schools Against Violence in Education (SAVE) Legislation requires all new school district employees, (both certified and non-certified), to undergo fingerprinting and criminal history background check through the NYS Education Department as clearance for employment or certification.

Have you completed this process resulting in the paperwork being submitted to the NYS Education Department? Yes No

If yes, Name the NYS educational institution that originated your most current fingerprinting & criminal history background check (F&CHBC):

_____ Approx. Date Performed: _____

Name the Institution that submitted the F&CHBC documents to OSPRA at the NYS Education Dept.: _____

EDUCATION

Name and Address of School - Include High School, College, Graduate Work and Summer Sessions in order taken	Semester Hours Completed	Name of Degree Received <small>(i.e., AAS, BS; MS; Ph.D.)</small>	Nature of Studies	Dates Attended / Date Degree Granted <i>(If in process, indicate approx. completion date)</i>
High School:				
College (Undergraduate)*:				
College (Graduate)*:				
Other*:				

***PROVIDE COPY OF TRANSCRIPTS AND COPIES OF ANY CERTIFICATION (if applicable)**

TEACHING EXPERIENCE (If applicable)

Name & Address of School	Dates	Percentage (%) of Time Employed	Nature of Work
Student Teaching:			
Teaching Experience:			
Other Related Professional Experience:			

WORK EXPERIENCE OTHER THAN TEACHING (List ALL Work Experience)

DATES	FIRM OR INSTITUTION AND ADDRESS	NATURE OF WORK	% PERCENTAGE OF TIME WORKED

REFERENCES

Please provide at least three (3) persons having personal knowledge of your professional training, experience, personal character and ability for the position of substitute teacher. Please include a supervisor(s) for whom you have worked. Please send copies of your written references or college credential file with this application.

NAME AND PRESENT ADDRESS	POSITION TITLE	TELEPHONE NUMBER	DATES EMPLOYED OR KNOWN

My signature below indicates that I understand that officials of the appointing school district(s) will be making an inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me, whether specified in my application or not, as long as the information given is relevant to the duties for which I have applied. I understand that information gathered, in part or whole may be shared with Supervisors and members of the appointing school district(s). I understand that all information gathered by you regarding my application will be the property of the appointing school district(s) and will not be released to me unless required by federal or state statutes or regulations.

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Signature

Date

EQUAL OPPORTUNITY EMPLOYER

No person shall be discriminated against in hiring practices or in the terms, conditions, and benefits of employment because of race, creed, color, religion, gender, national origin, age, physical handicap, political affiliation, marital status, or sexual orientation.

LANSING CENTRAL SCHOOL DISTRICT, 284 RIDGE ROAD, LANSING, NY 14850

Aesop

Substitute Registry Profile Form
For TST BOCES

For Office Use Only

From Dist: _____ Auth: _____

Date BOE Appvd: _____

GRADE LEVEL: ELEM. MID. HIGH

OTHER: _____

This information will be used solely for the purposes of the TST BOCES substitute calling service.

District to verify and initial sub area prior to returning to TST BOCES

Directions:

- 1. Substitute to complete this form and other new sub hire paperwork and return to the School District that sent the forms.
2. School District to process and distribute forms as necessary (return this completed form to TST BOCES).

THIS FORM MUST BE INCLUDED IN YOUR APPLICATION PACKET TO ALL DISTRICTS

Personal Information

Form with fields: Last Name, First Name, MI, Home Street Address, PO Box, City, State, Zip, Primary Phone, Alternate Phone, E-Mail Address.

Do you have a college degree? Yes No

If Yes, Type of Degree & Subject area:

Do you hold teaching certification? Yes No If yes, which State(s):

Certification Area(s):

Date(s) of expiration:

Please circle all grade levels and positions you are interested in subbing in.

Pre-K Kindergarten Grades 1-3 Grades 4-6 Middle High School
Art Bilingual Business Comp. Tech ESL ELA Family/Consumer Science Foreign Language GED Health
Hearing Impaired Librarian Math Music Nurse/Health Care Other PE PRE-K Reading Science
Social Studies Spec. Ed. Speech Visually Impaired.

TST BOCES CAREER AND TECH. SUB POSITIONS ONLY

Career/Tech Career Exploration Cert. Nurse Assistant Construction Tech. Cosmetology Environmental
Science Animal Science Autobody AutoTech Carpentry Culinary Arts Digital Media Early
Childhood Heavy Equipment New Visions Health Science New visions Life Science
Personal/Food Serv. Welding

Circle days when you are NOT able to sub

(Once you have been logged-in, please remember to keep your profile and availability current by contacting the Aesop clerk)

Mon. Tues. Wed. Thurs. Fri

School District(s) in the TST BOCES you are Board Approved in:

Candor Dryden Groton Ithaca Lansing TST BOCES SMITH
Newfield S. Seneca Trumansburg CAREER& TECH ALTERNATIVE ED

School District to return completed form to:
Aesop Coordinator
TST BOCES, 555 Warren Rd., Ithaca, NY 14850
607-257-1555 (x 1059)

09/14

For TST BOCES office use only
Assigned Substitute ID #: _____