

HERMON-DEKALB CENTRAL SCHOOL
709 EAST DEKALB ROAD
DEKALB JUNCTION, NY 13630
PHONE: 315-347-3442 FAX: 315-347-3817

SUBSTITUTE TEACHING APPLICATION FOR EMPLOYMENT

Applicant: Thank you for your interest in our organization. It is the policy of the Hermon-DeKalb Central School not to discriminate on the basis of age, sex, race, color, national origin, or handicap in the educational programs or activities it operates. To enable us to properly evaluate this application, please answer all questions carefully and completely as possible.

PERSONAL DATA

Name _____
Last First Middle Initial

Address _____

Other names, current or previous, under which you have been employed _____

Social Security Number _____ Telephone Number _____

JOB INFORMATION

Email Address _____

Position Applied For _____

GENERAL INFORMATION

U.S. Citizen: _____ Yes _____ No

If not a citizen, indicate type of visa: _____ Alien Registration Number _____

Have you served in the Armed Forces of the U.S.? _____ If so, total years of active service credit: _____

Have you ever been convicted of a felony? _____ Yes _____ No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

Have you ever been employed by Hermon-DeKalb Central School? _____ Yes _____ No

If yes, when and in what capacity: _____

Have you ever been dismissed or asked to resign from any employment? _____ Yes _____ No

If yes, give details: _____

CERTIFICATION

Type of Certification/License State Number

Have you ever been appointed tenure as a teacher in a public-school system in New York State?

_____ Yes _____ No If yes, where? _____

EDUCATION

	SCHOOL	ADDRESS	MAJOR	DATES	DEGREE
High School					
College(s)					
Graduate					

EXPERIENCE (Include student teaching, internships, practicum or military experience. List most recent experience first. Attach additional sheets if needed.)

Employer:	Job Title:	Job Description:
Address:	Dates Worked:	
Telephone:	Supervisor:	Reason for Leaving:

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ADDITIONAL INFORMATION

List professional, trade, business or civic activities or offices held:

List any applicable volunteer experience:

List any honors received:

REFERENCES

1.	_____	_____	_____
	Name	Position	Telephone
	_____		_____
	Address		Relationship
2.	_____	_____	_____
	Name	Position	Telephone
	_____		_____
	Address		Relationship
3.	_____	_____	_____
	Name	Position	Telephone
	_____		_____
	Address		Relationship
4.	_____	_____	_____
	Name	Position	Telephone
	_____		_____
	Address		Relationship
5.	_____	_____	_____
	Name	Position	Telephone
	_____		_____
	Address		Relationship

Name _____ Date _____

Address _____

Telephone Number _____

This form and your request for substitute work will be active until you notify us to remove your name or until the end of this school year, whichever comes first. If you can no longer substitute, please let us know.

In most cases, substitutes are called between 6:00-6:30 a.m.

Are you a certified teacher? _____ If so, what area(s) _____

If not certified, do you have a college degree? _____

Major Field _____ Minor Field _____

Have you had prior teaching experience? _____

If so, please give particulars _____

Please X all areas below in which you are interested in substituting

Pre-K _____ Kind. _____ Grades 1-3 _____ Grades 4-5 _____

Social Studies _____ Industrial Art _____ Home/Careers _____

Math 6-8 _____ Math 9-12 _____ Business _____

Biology & Gen. Science _____ Chemistry/Physics _____

English 6-8 _____ English 9-12 _____ Reading 6-12 _____

Music K-5 _____ Music 6-12 _____ Art (secondary) _____

Phys. Ed. Boys _____ Phys. Ed. Girls _____ Nurse _____

Signed _____

Please answer in the space below the following questions: Why do you want to work at Hermon-DeKalb Central School, and what qualities do you have that will make you an excellent addition to the staff at HDCS?

Notice: (New York State Penal Law Section 210.45) – A person is guilty of making a punishable false written statement when he/she knowingly makes a false statement, which he/she does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made therein are punishable. Making a punishable false written statement is a Class A Misdemeanor.

Please read this application and the following authorization over carefully, sign and have notarized below:

The information which I have provided on this application form is true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from a job if I have been employed.

I grant my permission to the Hermon-DeKalb Central School to contact former and current employers, law enforcement agencies, educational institutions, licensing/certifying agencies, and personal references. I authorize any and all of the above individuals to provide HDCS with the information requested, so long as the information given is relevant to the job duties/responsibilities for which I have applied, and I hereby release from liability any such individual or agency contacted by HDCS in connection with my application.

Signature _____ Date _____

Notary Public: On this _____ day of _____, 20____ the above signed individual appeared before me and acknowledged to me that he/she executed the above instrument.

Signature of Notary _____ Expiration Date _____