

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**

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:	
	Supervisor:	Reason For Leaving:
Telephone:	Approx. Annual Salary:	

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**ADDITIONAL INFORMATION**

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

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List any applicable volunteer experience:

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List any honors received:

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**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

**Hermon-DeKalb Central School  
709 East DeKalb Road  
DeKalb Junction, NY 13630**

SUBSTITUTE TEACHING FORM

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 \_\_\_\_\_