



Harrison Central School District

Louis N. Wool, Ed.D., Superintendent of Schools
50 Union Avenue • Harrison, New York 10528 • 914-630-3003 • Fax 914-835-2950
www.harrisoncsd.org

APPLICATION FOR SUBSTITUTE TEACHING

Date: _____

Name _____

Last

First

Middle

Other Name(s) _____

(Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.)

Address _____

E-Mail Address _____ Telephone No. _____ Social Security #: _____

N.Y.S. Retirement System Member? Yes No If yes, please indicate number _____

Have you been fingerprinted? Yes No If yes, where? _____ Date _____

Are you a U. S. Citizen? Yes No If no, are you legally eligible to work? Yes No

Do you have any disability which would prevent you from performing, with or without accommodation, those activities involved in the position for which you are applying? Yes No

NEW YORK STATE TEACHER CERTIFICATES

Area or Subject	Date Issued	Number	Expiration Date
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SUBSTITUTE AREA: Check area(s) of certification. Check other areas of capability **ONLY** if **EXPERIENCED** and **COMPETENT** in those subjects.

<u>SUBJECT AREA</u>	<u>CERT.</u>	<u>EXPER'D.</u>	<u>SUBJECT AREA</u>	<u>CERT.</u>	<u>EXPER'D.</u>
Art	<input type="checkbox"/>	<input type="checkbox"/>	Music: K-5 Instrumental	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	K-5 Vocal	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	Music: 6-12 Instrumental	<input type="checkbox"/>	<input type="checkbox"/>
Elementary	<input type="checkbox"/>	<input type="checkbox"/>	6-12 Vocal	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	Physical Education	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>
Technology	<input type="checkbox"/>	<input type="checkbox"/>	Science: Biology	<input type="checkbox"/>	<input type="checkbox"/>
Languages: French	<input type="checkbox"/>	<input type="checkbox"/>	Chemistry	<input type="checkbox"/>	<input type="checkbox"/>
Latin	<input type="checkbox"/>	<input type="checkbox"/>	Earth Science	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	Physics	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	Social Studies	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	Special Education	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL PREPARATION

NAME OF COLLEGE(S) _____ LOCATION _____ DEGREE(S) _____

TEACHING EXPERIENCE

SCHOOL _____ LOCATION _____ DATES _____ GRADES _____

SUBSTITUTE TEACHING EXPERIENCE

SCHOOL _____ LOCATION _____ DATES _____ GRADES _____

MORAL CHARACTER

Please answer the following questions.

1. Have you ever been dismissed from, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct or due to performance concerns? Yes No

2. Are you the subject of any pending investigation and/or disciplinary charge(s) pertaining to employment? Yes No

3. Have you ever been convicted of a crime other than minor traffic violations? Yes No
If yes, include the date, offense(s) and disposition in your separate explanation.

4. Do you currently have any criminal charges pending against you? Yes No

REFERENCES

Give the names of three persons who have closely observed your work as a professional or as a student. Recommendations by present and former superintendents, principals, or other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendations.

	1	2	3
Name			
Title			
Address			
Phone Number			
Email Address			

My signature below authorizes the Harrison Central 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 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 Harrison Central School District and the reference source 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 or false statements 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 Harrison Central School District.

Signature of Applicant _____ Date _____

The Harrison Central School District, Harrison, New York 10528, does not discriminate on the basis of age, religion, creed, ethnic origin, marital status, race, color, sex, veteran status, disability or handicap. This policy of non-discrimination includes the recruitment, hiring and advancement of employees; salaries, pay and other benefits, or educational programs.