Dunkirk City School District
620 Marauder Drive
Dunkirk, New York 14048
(716) 366-9300

SUBSTITUTE TEACHER/HOME TUTOR APPLICATION

Name _____

Address _____

Telephone Number _____ **Cell Number** _____

Email _____

Social Security Number _____

NYS Teaching Certification? ☐ **YES** ☐ **NO**

If YES, please complete the information below:

Certification Area(s): _____

Type of Certification: ◯ **Provisional** ◯ **Permanent** ◯ **Other**

Date of Issue _____

Other Certification: _____

Are you a member of the NYS Teachers' Retirement System? ☐ **YES** ☐ **NO**

If YES, please provide your TRS Number _____

Are you a retired teacher? ☐ **YES** ☐ **NO**

If YES, what school district did you retire from? _____

Have your received fingerprinting clearance pursuant to a fingerprint and criminal background check from the New York State DCJS and FBI as set forth in the Education Law?

☐ **YES** ☐ **NO**

Willing to Work (check all that apply): ☐ **Full Day** ☐ **Half Day**

Days Available to Work: **Mon** ☐ **Tues** ☐ **Wed** ☐ **Thurs** ☐ **Fri** ☐

Do you wish to teach homebound or hospitalized students? ☐ **YES** ☐ **NO**

Subject Areas/Grades of Preference:

_____

Educational Preparation

Name and Location of School	Major	Semester Hours	Minor	Diploma or Degree
High School				
College				
Graduate School				
Special Training				

Personal Statement: Below please describe what you believe to be an ideal learning situation and what your role would be in that situation.

_____

_____

_____

_____

Previous Teaching Experience (please list most recent first)

School District	Dates	Subject(s)	Supervisor

References: Please list THREE references who can speak to your teaching ability.

1. **Name** _____ **Title** _____
   Organization _____
   Phone Number _____

2. **Name** _____ **Title** _____
   Organization _____
   Phone Number _____

3. **Name** _____ **Title** _____
   Organization _____
   Phone Number _____

I hereby authorize the Dunkirk City School District to conduct any background investigations that are necessary. Also, that any records of employment or any other records from any firm, individual, school, or anyone the Dunkirk City Schools may have to contact, that these records may be released. I certify that all information provided in this application is true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Signature _____ Date _____

Date of Availability _____

This form is to be returned to the Superintendent's Office along with a copy of your teaching certificate and a copy of your resume.

It is the policy of the district to advertise permanent teaching positions and to fill them competitively with the best teacher available. Substitute teaching in the district should not be construed as an assurance of preference in filling a permanent position.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, sexual orientation, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, sexual orientation, marital status, or criminal record in connection with employment.

Office Use:

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____