

CHESTER UNION FREE SCHOOL DISTRICT
INSTRUCTIONAL SUBSTITUTE APPLICATION

DATE: _____ TELEPHONE: (Home): _____

NAME: _____ (Cell): _____

ADDRESS: _____

S.S. #: _____

E-MAIL ADDRESS: _____

ARE YOU A MEMBER OF THE N.Y.S. RETIREMENT SYSTEM? _____ YES _____ NO
If Yes, Retirement #: _____

IF NO, DO YOU WANT TO JOIN THE N.Y.S. RETIREMENT SYSTEM? _____ YES _____ NO

CERTIFICATION: State: _____ Number: _____ Area: _____

Attach a copy of your teacher certification; if you do not have a certification please attach an unofficial transcript

EDUCATION: School _____ Degree _____

Major _____ Year _____

WORK EXPERIENCE: **PLEASE ATTACH A RESUME**

Employer Name & Address

Dates

Job Title

Supervisor

Name & Phone

TOTAL NUMBER OF YEARS TEACHING EXPERIENCE: _____

PREFER TO SUBSTITUTE IN: Chester Academy (HS/MS) _____ Chester Elementary School _____

WILL NOT SUBSTITUTE IN: Chester Academy (HS/MS) _____ Chester Elementary School _____

WHEN AVAILABLE: _____

HAVE YOU BEEN FINGERPRINTED BY NYS EDUCATION DEPARTMENT ____ Yes ____ No (If you have not been fingerprinted by the NYS Education Department please contact us for a fingerprint application form)

PLEASE ATTACH THREE (3) LETTERS OF REFERENCES: (1 personal; 2 professional)

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND PARKING OFFENSES?
_____ YES _____ NO

IF YES, DESCRIBE IN FULL: _____

APPLICANT'S SIGNATURE