

**WALLKILL CENTRAL SCHOOL DISTRICT**  
**Brian Devincenzi, Assistant Superintendent for Support Services**  
**1500 Route 208, PO Box 310, Wallkill, New York 12589**  
**[845] 895-7102**

**SUBSTITUTE TEACHER/TUTOR APPLICATION**

Name\* \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\*State any other name you have used in education or employment \_\_\_\_\_

**NON-CERTIFIED**

**CERTIFIED** Certificate Type: [Area] \_\_\_\_\_

Certification #: \_\_\_\_\_ Effective Certification Date: \_\_\_\_\_

Certificate Type: [Area] \_\_\_\_\_

Certification #: \_\_\_\_\_ Effective Certification Date: \_\_\_\_\_

TEACH ID #: \_\_\_\_\_

**EDUCATION**

NAME AND LOCATION OF SCHOOL	DEGREE OR CREDITS EARNED	MAJOR	MINOR
High School			
College(s)			
Other			

**TEACHING EXPERIENCE**

NAME AND LOCATION OF SCHOOL	PRINCIPAL	GRADE OR SUBJECT TAUGHT
How many total years of teaching experience do you have? _____		

**I am willing to substitute in:**

Elementary (K-6)     Middle (7-8)     High (9-12)     Special Education     Tutor     All

**I am available to substitute on the following days:**

Monday     Tuesday     Wednesday     Thursday     Friday     All

### WORK EXPERIENCE

NAME & LOCATION OF PLACE OF EMPLOYMENT	DATES OF SERVICE	NATURE OF WORK	REASON FOR LEAVING

### REFERENCES\*

*(Please include name, address and telephone number)*

1.	2.	3.

Have you ever been convicted of or pled guilty to any misdemeanor or felony?  Yes  No

If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

What was the disposition? \_\_\_\_\_

### FINGERPRINTING

I have never been fingerprinted. I understand that, upon hire, I must immediately apply to the New York State Education Department website at: <http://www.highered.nysed.gov/tcert/teach/> and submit an application for fingerprint clearance and that I am responsible for the fingerprinting process.

I have been previously fingerprinted (after July 1, 2001) and received clearance from the New York State Education Department. I understand I must contact the Wallkill Central School District at 895-7101 to authorize fingerprinting clearance for employment at the Wallkill Central School District.

I affirm that the statements made on this application and any attached papers or documents are true under the penalties of perjury. I understand that a false statement on this application constitutes grounds for immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*THE FOLLOWING ITEMS MUST BE RECEIVED IN ORDER TO PROCESS THIS APPLICATION:**

- If Non-Certified, please provide copy of college transcripts (*they do not need to be official*)
- If Certified, please provide copy of certification
- Three (3) Wallkill Central School District Reference Forms completed by above references

[www.wallkillcsd.k12.ny.us](http://www.wallkillcsd.k12.ny.us)

The Wallkill Central School District does not discriminate against any employee or applicant on the basis of race, color, national origin, creed, religion, gender, marital status, age, disability, sexual orientation, military status, or pre-disposing genetic characteristics





