

Substitute Application
 Belfast Central School
 1 King St.
 Belfast, NY 14711

PERSONAL INFORMATION

Name

Last Name	First Name	MI
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Present Address

Street	City, State	Zip Code	Telephone
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Permanent Address

Street	City, State	Zip Code	Telephone
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Retirement System No. _____

EDUCATION

	Institution	Address	Dates Attended	Major/ Minor	Degree or Hours
High School					
College					
Military or Other Experience					

CERTIFICATION AND/OR LICENSE INFORMATION

I hold the following NYS teaching certificate(s) (copy exact wording from each certificate):

Type of Certificate	Number	Subject Area	Date Issued

WORK EXPERIENCE

Name of Employer	Address	Dates Employed From / To	Salary	Title/ Duties	Reason for Leaving

REFERENCES

Name	Address	Telephone Number	Position

My signature indicates that I authorize the Belfast Central School to obtain my fingerprint clearance and wave signing of the OSPRA 102 form in order to comply.

 Signature Date