

Bolivar-Richburg Central School

100 School Street
Bolivar, NY 14715

Application for - Substitute Teaching Position -

Name in full _____

Address _____

Telephone (home/cell) _____

Person to notify in case of an emergency _____ Telephone _____

Education: *(Please list the most recent first)*

School Name	Course	Degree or Diploma	Major Semester Hours	Education	Highest Grade Completed	Time Spent	Semester Hours

Teaching Experience: *(Please list the most recent first)*

Name of School/Institution and Address	Grade of Subject Taught	Date	Probationary/Tenure

References: *(Please include those persons familiar with your occupational background and abilities)*

Name	Address	Official Position	Telephone

Do you hold a certificate valid in this state? _____

Certificate Area _____
(Please include a copy of your certificate)

Please check the area(s) you prefer to substitute in:

_____ *Elementary* _____ *Junior/Senior H.S.*

Area(s) of preference: _____

Describe any other information that should be known in the consideration of this application:

I hereby state that the information in this application is correct and accurate.

Signature _____ Date _____