



WILSON CENTRAL SCHOOL DISTRICT
 374 LAKE STREET, P.O. BOX 648
 WILSON, NEW YORK 14172-0648
 SUBSTITUTE TEACHER APPLICATION

NAME:	
ADDRESS:	
EMAIL ADDRESS:	PHONE NUMBER:

Highest Education Level Attained: <input type="checkbox"/> High School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree		
Are you currently a certified teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Initial <input type="checkbox"/> Professional <input type="checkbox"/> Permanent		
Certified in:	Certificate #:	Expires:
NOTE: Please submit a copy of your certification with this application.		
If no, are you working toward certification <i>and</i> are you enrolled in at least 6 credit hours per year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University:	Area of Study:	
NOTE: Persons without certification and who are not preparing to become certified are <u>limited to a maximum of 40 days of substitute teaching</u> per school year.		
Previous Teaching Experience: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Details:		
Substitute Experience:		
School Preference (check all that apply): <input type="checkbox"/> High School <input type="checkbox"/> Middle School <input type="checkbox"/> Elementary School		
Willing to teach the following subjects:		Level of Instruction Preferred:

REFERENCES (3 REQUIRED):		
Name	Phone Number	Email Address

----- TO BE COMPLETED BY INTERVIEWER -----

APPROVED FOR: <input type="checkbox"/> High School <input type="checkbox"/> Middle School <input type="checkbox"/> Elementary School	
RECOMMENDATIONS/COMMENTS:	
INTERVIEWER'S SIGNATURE	DATE

The Wilson Central School District advises students, parents, employees and the general public that it does not discriminate on the basis of sex, race, color, national origin, handicapping conditions, marital status or veteran status in the employment or educational programs, including vocational education opportunities, and activities which it operates, and is in full compliance with Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Inquiries regarding this nondiscrimination policy and copies of the grievance procedure for the prompt resolution of complaint may be directed to the attention of Carolyn Oliveri, Business Administrator, Wilson Central School District, P.O. Box 648, Wilson NY 14172 (716)751-9341.