

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 # _____

City, State, Zip _____ 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 #: _____ DOB _____

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)

Name	Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Phone	Phone	Phone

Have you ever been convicted of a misdemeanor or felony? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever resign from a position in lieu of termination? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of §75 or just cause arbitration charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____ Where? _____ What was the disposition? <i>(use separate sheet)</i>	

FINGERPRINTING

<input type="checkbox"/>	I have never been fingerprinted. I understand any appointment is contingent upon fingerprint clearance through the New York State Education Department [NYSED]. I will contact the Wallkill Central School District at (845) 895-7102 to get directions on how to get fingerprinted.
<input type="checkbox"/>	I have been previously fingerprinted <i>[after July 1, 2001]</i> and received clearance from NYSED. I understand that if I have not provided my Social Security number on this application, I must contact the Wallkill Central School District at (845) 895-7102 to authorize fingerprint 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

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

