Plattsburgh City School District 518-561-6605 (FA) www.plattscsd.org

49 BROAD STREET PLATTSBURGH•NY•12901-3396 518-957-6000 (Office) 518-561-6605 (FAX)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status, sexual orientation or other protected class per law.

SUBSTITUTE TEACHER **APPLICATION**

Date

PERSONAL INFORMATION						
NAME						
last Other name(s) (Please provide any additional information		dditional information re	first middle egarding maiden name, change of name, use of an assumed			
name or nickname which is necessary to enable a check of your work or school records.)						
SOCIAL SECURITY NUMBER EMAIL ADDRESS						
Present Mailing Address				Permanent Mailing Address		
Street				Street		
City, State, Zip				City, State, Zip		
Telephone Number				Telephone Number		
SUBSTITUTE TEACHING						
Grade Level Subject _			e.g. Guidance, Psychology,			
(List and enclose copies of all certifications and if pending, please indicate.)						
STATE	DATE ISSUED	DATE EXPIRES	SUBJECT VALIDITY		CERTIFICATE NUMBER	
GENERAL INFORMATION						
NYS Teachers' Retirement System Member?YesNo If yes, indicate number Have you ever been dismissed from a position?YesNo If yes, please explain						
Have you ever been convicted of a crime?YesNo If yes, please explain						
Are you a U.S. citizen?YesNo						

EDUCATIONAL PREPARATION If not New York State certified, minimum requirement — Bachelor's Degree NATURE OF STUDIES **SCHOOL LOCATION** DATES **DIPLOMA/DEGREE** DATE GRANTED Undergraduate) Major/Minor Graduate) EDUCATIONAL and/or WORK EXPERIENCE List most recent experience first. Include any substitute teaching, and indicate as such. DATES NAME & LOCATION OF SCHOOL NATURE OF EXPERIENCE TOTAL YEARS i.e. Grade level, subject Student teaching, if fewer than 3 years of full-time employment. NAME & LOCATION OF SCHOOL SUBJECT OR GRADE LEVEL YEARS REFERENCES Give the names of three persons who have closely observed your work as a professional or a student. References by present and former superintendents, principals, and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendation. Name Official Position Address City, State, Zip Telephone Number (area code) **NOTICE** Applications will be kept on file for **one year** from the date of application. If you desire to keep your application on file beyond that date, please notify the Assistant Superintendent for Instruction in writing or submit a new application.

Signature Date