

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
Owego, New York

CERTIFIED SUBSTITUTE TEACHER APPLICANT

Enclosed is an application for certified substitute teaching. In addition to your application, please forward **official transcripts**, documenting proof of a bachelor's or master's degree. Also include a copy of all New York State teaching certifications you may have, or documentation of eligibility of New York State Teaching Certification.

Upon receipt of the required material, your application will be forwarded to a building principal. You will then be contacted for an interview.

Complete applications will include:

1. Certified Substitute Teaching application
2. Official transcripts – documenting proof of a bachelor's or master's degree
3. NYS Certification or documentation of eligibility of NYS Certification

Return completed application to:

Owego Apalachin Central School District
Personnel Office
36 Talcott Street
Owego, New York 13827

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
 36 Talcott Street
 Owego, New York 13827
CERTIFIED SUBSTITUTE TEACHER APPLICATION

PERSONAL DATA

Date of Application _____

Name _____

Last _____ First _____ Initial _____

Address _____ Street _____ City, State _____ Zip _____

Phone #1 _____ Area Code and Number _____

Phone #2 _____ Area Code and Number _____

Present Position _____

Are you presently under contract for next year? NO N.Y.S. Teachers Retirement Number ON FILE

Position for which applying _____ I prefer _____ Date Available _____
 Subject or Grade _____ Grade Level _____

TEACHING CERTIFICATION

Area of Certification	Type: Prov./Perm.	Effective Date	Expiration Date	Certificate Number	Issuing State

EDUCATIONAL PREPARATION

School	Name	Address	Degree	Major and Minor	Semester Hours
High					
Undergraduate					
Graduate					

STUDENT TEACHER EXPERIENCE (Complete only if teaching experience is less than 5 years.)

Name of School	Address	Grade or Subject	Cooperating Teacher

TEACHING EXPERIENCE (List in chronological order, beginning with most recent position.)

Name of School	Address	Grade or Subject	From	Dates	To	Number of Years	Reason of Leaving

PROFESSIONAL REFERENCES (List most recent first.)

Name	Address (Street, City, State, Zip)	Position	Phone (if known)

Do we have permission to contact all references listed above? _____ Have you ever been refused tenure or a continuing contract? _____

Have you ever been discharged or requested to resign from a position? _____

Do you have any health problems which would prevent you from performing specific kinds of work? _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? _____

Is there a criminal charge of any type currently pending against you? _____

If yes, to any of the above, please provide details.
