

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT  
36 TALCOTT STREET  
OWEGO, NY 13827  
607-687-6317

SUBSTITUTE TEACHER APPLICANT

In order for your application to be complete, please enclose the following with your application:

- Substitute application
- Official Transcripts
- Copy of New York State Certificate

Your application will not be considered for any vacancies unless all the above information is submitted.

Please return application to:

Bernard C. Dolan  
Associate Superintendent of Schools  
36 Talcott Street  
Owego, NY 13827  
607-687-6317

**Owego Apalachin Central School District**  
 36 Talcott St.  
 Owego, New York 13827  
**Substitute Teaching Application**

**PERSONAL DATA**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip Area Code Number  
 Present Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you presently under contract for next year? \_\_\_\_\_ N.Y.S. Retirement Number \_\_\_\_\_

Present Position \_\_\_\_\_ Present Salary \$ \_\_\_\_\_ Salary Expected \$ \_\_\_\_\_

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

**TEACHING CERTIFICATION (If not certified explain below)**

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 School					
Undergraduate					
Graduate					

### STUDENT TEACHING EXPERIENCE

Name of School	Address	Grade / Subj	Dates from to	Cooperating Teacher

### TEACHING EXPERIENCE

Name of School	Address	Grade / Subj	Dates from to	No. of Years	Reason for Leaving

### PROFESSIONAL REFERENCES

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

Do we have permission to contact all references listed above? \_\_\_\_\_

Do you have any health problems which would prevent you from performing specific kinds of work? \_\_\_\_\_ If so, please describe and explain the work limitations. \_\_\_\_\_

Our volume of applications does not permit acknowledging their receipt. Should we have a vacancy which suits your qualifications, we will call you for an interview.

Date of Interview: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Remarks: \_\_\_\_\_

We are an equal opportunity employer.

# **OWEGO APALACHIN CENTRAL SCHOOL DISTRICT**

## **OWEGO, NEW YORK**

### **GRIEVANCE PROCEDURES STATEMENT**

The Owego Apalachin Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, race or disability in violation of Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, 504 of Rehabilitation Act of 1973 or Title II of the Americans with Disabilities Act.

If any person believes that the school district or any of the District's staff has inadequately applied the principles of or regulations of:

1. Title VI of the Civil Rights Act of 1964
2. Title IX of the Education Amendment Act of 1972
3. Article 504 of the Rehabilitation Act of 1973
4. Title II of the Americans with Disabilities Act,

that person may bring forward a complaint, which shall be referred to as a grievance, to the District's compliance officer.

The District's compliance officer for the Anti-Harassment Policy (GBCB), the Anti-Discrimination Policy (AC), the Americans with Disabilities Act Policy (ACA) and the Title IX Nondiscrimination Policy (AC-R) is Bernard C. Dolan, Jr., Associate Superintendent, 36 Talcott Street, Owego, New York 13827

The policies listed above are available for public inspection.

The phone number of the compliance officer is 607-687-6223.

1/23/06