

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
Owego, New York

SUBSTITUTE TEACHER APPLICANT

Enclosed is an application for substitute teaching. In addition to your application, please forward a copy of your New York State teaching certification. If you are not certified in New York State, please forward official transcripts documenting your Bachelor's degree.

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

Return completed application to:

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

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OWEGO, NEW YORK 13827

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, sexual orientation, race, ethnicity, religion, age, or disability in violation of Title IX of the Education Amendments of 1972, title VII of the Civil Rights Act of 1964, 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act or the New York State Human Rights Law.

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
5. New York State Human Rights Law

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 or 6317.

(FOR PERSONNEL OFFICE USE ONLY)

NAME: _____

DATE: _____

POSITION: _____

CERTIFICATION(S):

1. _____

2. _____

3. _____

4. _____

STUDENT TEACHER EXPERIENCE (Complete only if teaching experience is less than 3 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	Dates		Number of Years	Reason of Leaving
			From	To		

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.
