

EQUAL OPPORTUNITY EMPLOYER
CHATHAM CENTRAL SCHOOL DISTRICT
50 Woodbridge Avenue
Chatham, NY 12037
SUBSTITUTE TEACHER APPLICATION

OFFICE USE ONLY:
Date of...
Interview:
BOE Approval:

NAME _____ Email Address: _____

ADDRESS _____

TELEPHONE # _____

I am willing to substitute in the following fields: PLEASE CHECK ALL FIELDS THAT APPLY:

K - 4 _____ 5 & 6 _____ 7 & 8 _____ 9 - 12 _____ HOME TUTOR: _____

SPECIALS: ART _____ MUSIC: Instrumental _____, Vocal _____

PHYS. ED.: _____ LIBRARY: _____ HEALTH: _____ NURSE (RN license required): _____

I PREFER TO TEACH: _____

HIGH SCHOOL DIPLOMA or GED (please circle one) DATE RECEIVED: _____

COLLEGES ATTENDED:	DEGREE/YEAR:	MAJOR:
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>NEW YORK STATE CERTIFICATIONS HELD:</u> (Please attach a copy)	<u>EXPIRATION DATE:</u>
_____	_____

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM MEMBER? YES ___ NO ___

If YES, membership number: _____ % of contribution _____

TEACHING EXPERIENCES: (List most recent first)

<u>DISTRICT:</u>	<u>GRADE OR SUBJECT:</u>	<u>DATE:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been accused or convicted of a crime (felony or misdemeanor), excluding minor traffic violations?

Yes ___ No ___, If yes, please explain: _____

The answers to the above are true.

Signature _____ Date _____ (OVER)

PROFESSIONAL REFERENCES: (Persons, not related, who can attest to my character and ability)

<u>NAME:</u>	<u>ADDRESS:</u>	<u>PHONE NUMBER:</u>
1) _____	_____	_____

2) _____	_____	_____

3) _____	_____	_____

OATH OF ALLEGIANCE:

I do hereby affirm that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of substitute teacher according to the best of my ability.

DATE: _____
Signed _____

I hereby acknowledge that I have been informed by CHATHAM CENTRAL SCHOOL, my employer, that as a “teacher” not currently a member of the New York State Teachers’ Retirement System who is or will be rendering less than full-time service for the duration of my substitute service, I may, as a matter of right, join the New York State Teachers’ Retirement System. I further acknowledge that I understand under present law that if I elect to join the NYS Teachers’ Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute, pursuant to Article 15 of the RSSL, 3% of my salary to the Retirement System and furthermore, as a member of the Retirement System, I will be required to contribute to Social Security.

If I join the system, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 62 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand if I do NOT elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

Signature

Date

FOR PAYROLL:

THE FIRST TIME YOU WORK - PLEASE STOP AT THE DISTRICT OFFICE AND FILL OUT FED. & STATE WITHHOLDING FORMS. WE WILL ALSO NEED IDENTIFICATION FOR THE IMMIGRATION FORM. - SOC. SEC. CARD AND DRIVER'S LICENSE ARE MOST COMMONLY USED. NYS EDUCATION LAW REQUIRES ALL EMPLOYEES TO BE FINGERPRINTED. THE COST OF FINGERPRINTING WILL BE THE RESPONSIBILITY OF THE EMPLOYEE.