

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

OFFICE USE ONLY

Interview:  
BOE Approval:  
Wincap:  
Aesop Sub Calling:

NAME \_\_\_\_\_ Email Address: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

I am willing to substitute in the following areas: PLEASE CHECK ALL AREAS 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:
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW YORK STATE CERTIFICATIONS HELD: (Please attach a copy) EXPIRATION DATE:  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

Have you ever been discharged or resigned from a position to avoid discontinuance of a probationary position, disciplinary charges, or a tenure denial? YES \_\_\_ NO \_\_\_ If yes, please attach an explanation.

(OVER)

MY SIGNATURE BELOW VERIFIES THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 (all applicants must sign)

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 (all applicants must sign)

\_\_\_\_\_  
Date

BEFORE YOU WORK FOR THE FIRST TIME, 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.