



**MUST HOLD BACHELORS' DEGREE TO BE CONSIDERED
WEST GENESEE CENTRAL SCHOOLS**

300 Sanderson Drive
Camillus, NY 13031
Telephone (315) 487-4555

APPLICATION FOR SUBSTITUTE TEACHERS

Name: _____ Date: _____
(Last) (First) (Initial)

Address: _____
(Number) (Street) (City) (State) (Zip)

Social Security Number: _____ Phone: _____ email: _____

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commission of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)?
_____ Yes _____ No

Professional Preparation	Name of Institution	Dates From	Dates To	Location	Degree and No. Grad Hrs.
Secondary School					
College (s)					B.A.
					B.A. + ___ hrs.
Graduate School					M.A.
					M.A. + ___ hrs.

Major Field of Preparation _____ NYS Teachers' Retirement System Number: _____

Type of NYS Certification _____
(Permanent, Initial, Provisional, Certificate of Qualification, Pending, Not Certified)

Area(s) of NYS Certification _____

Certificate No. _____ Date Granted _____ State Valid _____

Have you ever been convicted of a crime? _____ Yes _____ No If yes, please explain

Have you ever been dismissed or asked to resign from any position? _____ Yes _____ No
If yes, explain. _____

Teaching Experience (If less than 2 years, list student teaching.
List most recent experience first)

Subject or Grade	School	Dates From	Dates To	Location

Have you taught/substitute taught in the West Genesee System before? _____

When _____ Where _____

I wish to substitute in the following subject area(s): _____

I am available for: All schools in the WG District:

Only the school(s) listed: _____

I am interested in a permanent position: _____ Yes _____ No _____ Not at this time

References: (Having knowledge of your training and teaching ability)

Name	Address	Title	Business Phone
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1. _____
2. _____
3. _____

Attach a Copy of Your Teaching Certificate or College/University Verification

I understand that substitute teachers employed by West Genesee are on a day-by-day, itinerant basis, for part-time employment only.

I hereby declare the information provided by me on this application is true and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize any individual, company, or institution listed above with whom I have been associated to furnish the West Genesee Central School District with any information concerning my employment.

Applicant's Signature