



# 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.
<b>Secondary School</b>					
<b>College (s)</b>					<b>B.A.</b>
					<b>B.A. + ___ hrs.</b>
<b>Graduate School</b>					<b>M.A.</b>
					<b>M.A. + ___ hrs.</b>

NYS Teachers' Retirement System Number: \_\_\_\_\_

Major Field of Preparation \_\_\_\_\_

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
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