

Brewster Central Schools

Administrative Offices
30 Farm To Market Road
Brewster, NY 10509
(845) 279 8000

APPLICATION FOR SUBSTITUTE TEACHER

**PLEASE TYPE
OR PRINT**

Date _____

Name _____
LAST FIRST MIDDLE

Present Address _____

Telephone (DAY) _____
AREA CODE _____

Permanent Address (if different from above) _____

Telephone (EVENING) _____
AREA CODE _____

1. Fill out this application accurately and completely, including license information.
2. Add any supplementary information that will provide a more complete estimate of your qualifications.
3. Interviews will be arranged by appointment.
4. Application should be sent to the Human Resources Office, Brewster Central Schools, 30 Farm-to-Market Road, Brewster, New York 10509.

POSITION DESIRED

Elementary School Grades Kdgn.– 4 (Grades in order of preference) _____

Middle School – Grades 5 8 (Subjects in order of preference) _____

Senior High School – Grades 9 12 (Subjects in order of preference) _____

Other (Specify) _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

An Equal Opportunity Employer

LICENSE INFORMATION

A. I hereby certify that I hold a teaching certificate issued by the University of the State of New York as follows
(Copy exact wording from certificate):

Title of certificate _____ Form _____
PRINCIPAL'S, COUNSELOR'S, TEACHER'S PROVISIONAL, PERMANENT

Field validity _____ Type of school _____
SUBJECT AREA OR AREAS ELEMENTARY, SECONDARY

Valid from _____ To _____
DATE EXPIRATION DATE

New York Certificate No. _____ Date Issued _____

B. A candidate not officially licensed to teach in the public schools of New York State outside of New York City should give the status of his application, if any, as follows (check one):

Application submitted to and approved by the N.Y. S. Department of Education, license forthcoming _____

Application filed decision pending _____ Application not filed _____

C. Other licenses held; type and issuing authority _____

If you are a member of N.Y.S. Teachers Retirement System, please state your number _____

Social Security No. _____

EDUCATION AND PROFESSIONAL TRAINING

SCHOOLS ATTENDED	NAME AND LOCATION	MAJOR & MINORS	DEGREE RECEIVED	SEMESTER HOURS
UNDERGRADUATE				
GRADUATE				
OTHER				

Presently matriculated for _____ degree at _____

Degree received _____
yes no

TEACHERS WITHOUT EXPERIENCE COMPLETE THIS SECTION

College Supervisor of Student Teacher Name _____
 Address _____ City _____ State _____ Zip _____ Tel. No. _____

Coordinating Teacher Pub. School Name _____
 Address _____ City _____ State _____ Zip _____ Tel. No. _____

Coordinating Teacher Pub. School Name _____
 Address _____ City _____ State _____ Zip _____ Tel. No. _____

TEACHING EXPERIENCE

List in chronological order (include student teaching if teaching experience does not total three years):

DATES	NAME OF SCHOOL	LOCATION	GRADE/SUBJECT	NO. YEARS TAUGHT	LAST YEAR SALARY

WORK EXPERIENCE OTHER THAN TEACHING

List in chronological order (include student teaching if teaching experience does not total three years):

DATES	FIRM OR INSTITUTION	NATURE OF WORK	GRADE/SUBJECT	NO. OF MONTHS

ADDITIONAL INFORMATION

Non certified substitutes must submit a copy of their four year degree (or a letter stating they have met all qualifications for graduation). Certified teachers must submit a copy of their current NY state certification. ALL candidates need to submit three letters of recommendation plus three phone references.

All candidates will be required to submit Official Transcripts before appointment.

Have you received tenure in another district? _____

Name and address of district _____

Have you ever failed to be reappointed or have you ever been discharged from a school position? _____

If so, please explain _____

New York State Education Department mandates that all new employees be fingerprinted and receive a background check. There will be a one time cost to the employee for these services.

Check the Appropriate Box	Yes	No
Have you ever been dismissed or discharged from any employment for reasons other than lack of work or funds?		
Did you ever resign from any employment rather than face dismissal?		
To your knowledge, have you ever been refused employment because of behavior that jeopardized the moral, welfare of children?		
f Did you receive a discharge from the Armed Forces of the United States, which was other than honorable circumstances?		
Have you ever been convicted of a crime (felony or misdemeanor)?		
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?		

If you answered "Yes" to any of the above questions, please provide a specific explanation below. None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated separately, based on the responsibilities of the position and the skill and merits of the applicants.

I affirm that the statements made on this application are true under penalty of perjury and would lead to immediate discharge from employment.

Signature _____ Date _____