



EDWARDS-KNOX CENTRAL SCHOOL
APPLICATION FOR SUBSTITUTE TEACHING
 P.O. BOX 630
 RUSSELL, NEW YORK 13684

Office Use Only Approved_____

High School
 562-3227 or 347-3410

Elementary
 562-3284 or 347-3210

Anyone wishing to substitute in the Edwards-Knox Central School District will complete this form. The information contained will be confidential. If you accept a full-time position at a later date with the Edwards-Knox Central School, the information contained herein becomes part of the teacher's professional file. Therefore, be certain that all information is accurate, complete and legible. Please type or print. This application will be held on file for the school year in which you apply.

Name _____ Date of Application _____

Address _____

Telephone _____ Social Security Number _____

Are you currently employed or self-employed, full or part-time? _____

Do you hold a New York State Teaching Certificate or Certificate of Qualification? _____

If yes, state the area(s) and reasons (exclusive of those stated in question). _____

Please check grade levels you are interested or able to substitute in:

_____ K-3 _____ 4-6 _____ 7-8 _____ 9-12

Please state grade levels or areas that you **do not** wish to be considered for (ex: physical education, industrial arts, music, etc.): _____

Are there any days of the week or times of the day(s) that you are not available? If yes, give day(s) and time(s): _____

Have you ever been convicted of a crime? _____

HIGH SCHOOL EDUCATION: Name of high school you graduated from _____

Location _____ Date of Graduation _____

Type of Diploma (school/regents) _____

COLLEGE EDUCATION: Please list all colleges and universities you have attended.

Institution	Location	Dates Attended	Degree (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List activities you are competent and willing to direct, or coach, outside of the school day (plays, yearbook sports, etc.): _____

REFERENCES: Please list the names and addresses of three people from whom we may solicit letters of appraisal regarding your ability and your work. (Sealed letters of reference should be attached to this application.) This application will not be processed without the letters.

<u>Names</u>	<u>Address</u>	<u>Phone#</u>	<u>Nature of Association</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD: List all present and past employment, beginning with your most recent employment:

<u>Employer Name/Tele. #</u>	<u>Supervisor</u>	<u>Dates Worked</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a statement on why you are applying for this position.

I understand, should I be hired by the Edwards-Knox Central School District, either on a permanent or substitute basis, that I will be informed of my rights to join the New York State Retirement System.

The facts set forth above in my application are true and complete to the best of my knowledge. In addition, I authorize the Edwards-Knox Central School District to investigate all statements in this application and to secure all appropriate information from all my employers, references, academic institutions and governmental departments and agencies. I do hereby authorize such employers, references, academic institutions and agencies to release such information and I do hereby release all of those employers, references, academic institutions and the Edwards-Knox Central School District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the Edwards-Knox Central School District.

Signature of Applicant: _____

Please complete this form, attaching three reference letters, and return it to:

Dr. William Cartwright
Superintendent of Schools
Edwards-Knox Central School
Russell, New York 13684

Edwards-Knox Central School is an Equal Opportunity Employer. William Cartwright is the Compliance Officer for Title IX. Any inquiries regarding compliance with Title IX should be directed to the Compliance Officer at the address listed above, telephone (315)562-8326, or through the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington D.C.