

SARATOGA SPRINGS CITY SCHOOL DISTRICT
3 Blue Streak Boulevard
Saratoga Springs, New York 12866
518-583-4712

SUBSTITUTE TEACHER APPLICATION

(Print) Last Name First Middle

Present Address (Include Street Number City State Zip Code)

Area Code/Telephone Number Indicate any other name by which you have been known

Are you over 18 years of age? _____ YES _____ NO

Days Available for Substitute Teaching:
() Monday () Tuesday () Wednesday () Thursday () Friday

Are you a Certified Teacher? _____ YES _____ NO

State: _____ Certification Number: _____

<i>Area Of Certification</i>	<i>Date Issued</i>	<i>Expiration Date</i>	<i>Type of Certification (Provisional, Permanent, Other)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CHECK THE HIGHEST LEVEL OF EDUCATION ATTENDED:

(Minimum Qualifications B.A. or B.S.)

BA/BS

MA/MS

BA/BS + _____ Graduate Hours

Other

NAME OF UNDERGRADUATE COLLEGE OR UNIVERSITY FROM WHICH YOU RECEIVED YOUR DEGREE:

Degree _____ Date _____

College _____

Major _____ Minor _____

NAME OF GRADUATE COLLEGE OR UNIVERSITY FROM WHICH YOU RECEIVED YOUR DEGREE:

Degree _____ Major _____ Date _____

College _____

NUMBER OF YEARS OF FULL TIME TEACHING EXPERIENCE: _____

LIST CHRONOLOGICALLY, BEGINNING WITH MOST RECENT, YOUR FULL TIME TEACHING EXPERIENCE. DO NOT INCLUDE STUDENT TEACHING.

School _____ Location _____

Dates Employed: From Mo/Yr _____ To Mo/Yr _____ Subject Area/Grade Level Taught _____

School _____ Location _____

Dates Employed: From Mo/Yr _____ To Mo/Yr _____ Subject Area/Grade Level Taught _____

School _____ Location _____

Dates Employed: From Mo/Yr _____ To Mo/Yr _____ Subject Area/Grade Level Taught _____

LIST CHRONOLOGICALLY, BEGINNING WITH MOST RECENT, YOUR SUBSTITUTE TEACHING EXPERIENCE:

<i>SCHOOL</i>	<i>CITY</i>	<i>STATE</i>	<i>DATES: From/To Mo/Yr</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER WORK EXPERIENCE: _____

PLACEMENT CREDENTIALS ARE AVAILABLE FROM: (Name of College or University)

LIST BELOW THREE PROFESSIONAL REFERENCES WHOM WE MAY CONTACT:

Name _____ Phone No. _____
Address _____
Position: _____

Name _____ Phone No. _____
Address _____
Position: _____

Name _____ Phone No. _____
Address _____
Position: _____

SUBSTITUTE TEACHING POSITIONS DESIRED: Please check or list desired area(s)

Elementary (K-5) _____	High School _____
Middle (6-8) _____	Special Areas _____ (SpEd, P.E., Art, Music, Library, etc.)

Are you able to perform the essential functions of the position for which you are applying? ___ YES ___ NO

Since you 16th birthday, have you ever been convicted of a criminal offense (i.e., a felony or misdemeanor, excluding traffic infractions for which a fine of \$50 or less was imposed)? _____ YES _____ NO

If YES, state the charge, place and approximate date, and the resultant penalty, if any. _____

(1) I give permission to the Saratoga Springs City School District (the “District”) to contact any of my references and previous employers listed on my application to: (a) verify the information contained within my application for employment and (b) obtain additional information about my qualifications and fitness for employment with the District.

(2) I agree to release from liability any of my references or previous employers who give the District information about me, so long as the information provided is related to the responsibilities, duties, and/or functions of the position for which I have applied.

(3) I understand that the material, information, and/or other data obtained, collected or sought during the application process (the “Application Information”) is the property of the District and that none of the Application Information will be available to me except as may be required by Federal or State laws or regulations.

(4) I understand that the Application Information may be shared with any person within the District who will assist the District in processing my application. I also understand that the District will not share the Application Information with anyone, unless that person is assisting with the processing of my application.

(5) I understand that willful misrepresentation of any actual fact contained in this application may disqualify me for the position for which I am applying. If I have already been hired or retained at the time the District discovers a willful misrepresentation of any fact contained in the application, I understand that the District may dismiss me from my position or revoke my tenure rights as a result of my misrepresentation.

AFFIDAVIT

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements, are true, complete, and accurate.

SIGNATURE: _____

DATE: _____

The Saratoga Springs City School District does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, military status, sexual orientation, genetic predisposition or carrier status, disability, national origin, or past arrests or convictions.

PAYROLL DEPARTMENT
SUBSTITUTE TEACHER DATA SHEET

PLEASE PRINT:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

RETIREMENT NUMBER: _____

Valid New York State Teachers Certification Number: _____

Certification(s) Area _____

Expiration Date _____

Subject and/or Grade Assignments Desired _____

SARATOGA SPRINGS CITY SCHOOL DISTRICT
3 Blue Streak Boulevard
Saratoga Springs, New York 12866

DIRECTIONS: To Be Completed By Employees Only
New York State Teachers' Retirement System

I hereby acknowledge that I have been informed by the Saratoga Springs City School District, 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 _____ school year, I may, as a matter of right, join the New York State Teachers' Retirement System. I further acknowledge that I understand under present law if I elect to join the New York State Teachers' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System. I will be required to contribute, pursuant to Article 15 of the RSSL, 3% of my salary to said Retirement System and furthermore, as a member of said Retirement System, I will be required to contribute to Social Security.

Print Name

Signature

Date