



SPRINGVILLE-GRIFFITH INSTITUTE CENTRAL SCHOOL DISTRICT

307 Newman Street • Springville, New York 14141-1599 • Phone: (716) 592-3228

SUBSTITUTE TEACHER APPLICATION

Springville-Griffith Institute Central School District is in compliance with the U.S. Civil Service Rights Act of 1964 and the Title IX Educational Amendments of 1972, Part 86. It is the policy of the District to provide, through a positive and effective program, equal opportunities for employment, retention and advancement of all people regardless of race, color, creed, national origin, political affiliation, sex, sexual orientation, age, religion, veteran status, military status, marital status, or disability (except where a bonafide occupational qualification applies), use of a recognized guide dog, hearing dog or service dog, or domestic violence victim status.

OFFICE USE ONLY:

Fingerprint Clearance Status:

_____ Candidate not fingerprinted; advised of requirement _____ Candidate's Clearance for Employment attached

PLEASE TYPE OR PRINT CLEARLY

NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

All applicants, please sign and date this application on the back.

ASSIGNMENT PREFERENCE

Please indicate which grade levels you would be willing to accept: (Please check ✓)

GRADE LEVEL:

ELEMENTARY _____ Grades K-3 _____ Grades 4-5
MIDDLE SCHOOL _____ Grade 6 _____ Grades 7-8
HIGH SCHOOL _____ Grades 9-12

SUBJECT AREAS GRADES 7-12: (Please indicate which subject areas you would be willing to teach; please check ✓)

| <u>SUBJECT</u> | <u>CERTIFIED IN AREA</u> | <u>SUBJECT</u> | <u>CERTIFIED IN AREA</u> |
|----------------------|--------------------------|----------------|--------------------------|
| _____ ENGLISH | _____ YES _____ NO | HOME ECONOMICS | _____ YES _____ NO |
| _____ SOCIAL STUDIES | _____ YES _____ NO | AGRICULTURE | _____ YES _____ NO |
| _____ SCIENCE | _____ YES _____ NO | BUSINESS | _____ YES _____ NO |
| _____ MATH | _____ YES _____ NO | SPANISH | _____ YES _____ NO |
| _____ IND. ARTS | _____ YES _____ NO | FRENCH | _____ YES _____ NO |

Do you wish to be on a list of private tutors? _____ YES _____ NO

SPECIAL STUDIES

(Please indicate which special subject areas you would be willing to teach; please check ✓)

| | K-5 | 6-12 | CERTIFIED IN AREAS? | | K-5 | 6-12 | CERTIFIED IN AREA? |
|------------------------------------|-------|-------|---------------------|----------------------|-------|-------|--------------------|
| School Nurse | _____ | _____ | _____ YES _____ NO | Reading (remedial) | _____ | _____ | _____ YES _____ NO |
| Art | _____ | _____ | _____ YES _____ NO | Physical Education | _____ | _____ | _____ YES _____ NO |
| Music Vocal | _____ | _____ | _____ YES _____ NO | Library Media Center | _____ | _____ | _____ YES _____ NO |
| Music Instruments | _____ | _____ | _____ YES _____ NO | | | | |
| Special Education (Resource) | _____ | _____ | _____ YES _____ NO | | | | |
| Special Education (Self-Contained) | _____ | _____ | _____ YES _____ NO | | | | |

Have you ever worked in this school system as a full-time teacher? _____ YES _____ NO As a Substitute? _____ YES _____ NO

CERTIFICATION

Do you have a New York State teaching certificate? _____ YES _____ NO

If no, have you met requirements and filed application for certification? _____ YES _____ NO

Do you have Certification in another state? _____ YES _____ NO IF YES, PROVIDE A COPY.

State: _____

SOCIAL SECURITY AND RETIREMENT INFORMATION

Social Security Number: _____

Are you a member of the NYS Teachers' Retirement System? ___ YES ___ NO

If yes, what is your retirement number? _____

If not a member, do you wish to join the retirement system? ___ YES ___ NO

EDUCATION

| College or University | Address | Major | Degree | Year Degree/Diploma Received |
|-----------------------|---------|-------|--------|------------------------------|
| | | | | |
| | | | | |
| | | | | |

TEACHING EXPERIENCE

| School | Address | Dates of Employment | Grade Level and/or Subject Taught | Full-time or Part-time |
|--------|---------|---------------------|-----------------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

RELATED WORK EXPERIENCE

| Employer | Location | Type of Job | Dates of Employment |
|----------|----------|-------------|---------------------|
| | | | |
| | | | |
| | | | |

PERSONAL REFERENCES (Provide name of individuals who are familiar with your work. Please omit names of relatives).

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

Occupation _____ Occupation _____ Occupation _____

Phone Number () _____ Phone Number () _____ Phone Number () _____

In order to confirm the information I supplied on my application for employment with the Springville-Griffith Institute Central School District, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military services to disclose their relevant records about me to the Superintendent of Schools or his/her designee; the above, whether the information be of public, private or confidential nature; and, I release them from any liability and responsibility from doing so.

This authorization, in original or copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicant's Name (Please Print)

Applicant's Signature

Date