Plattsburgh City School District
49 BROAD STREET
PLATTSBURGH•NY•12901-3396
518-957-6000 (Office)
518-561-6605 (FAX)
www.plattscsd.org

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status, sexual orientation or other protected class per law.

SUBSTITUTE TEACHER APPLICATION

Date _____

PERSONAL INFORMATION

NAME _____
last first middle

Other name(s) _____

(Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.)

SOCIAL SECURITY NUMBER ___ ___ ___ - ___ ___ - ___ ___ ___ ___

EMAIL ADDRESS _____

Present Mailing Address

_____
Street

_____
City, State, Zip

_____
Telephone Number

Permanent Mailing Address

_____
Street

_____
City, State, Zip

_____
Telephone Number

SUBSTITUTE TEACHING

I am interested in substitute teaching in the following areas:

Elementary
___ PreK-2
___ 3-5
___ Special Education
Grade Level _____

Secondary
___ 6-8
___ 9-12
___ Special Education
Subject _____

Other
___ e.g. Guidance, Psychology, Administration, Speech
Specify _____

CERTIFICATION

(List and enclose copies of all certifications and if pending, please indicate.)

STATE	DATE ISSUED	DATE EXPIRES	SUBJECT VALIDITY	CERTIFICATE NUMBER

GENERAL INFORMATION

NYS Teachers' Retirement System Member? ☐ Yes ☐ No If yes, indicate number _____

Have you ever been dismissed from a position? ☐ Yes ☐ No If yes, please explain _____

_____

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain _____

_____

Are you a U.S. citizen? ☐ Yes ☐ No

EDUCATIONAL PREPARATION
If not New York State certified, minimum requirement — Bachelor's Degree

SCHOOL *(Undergraduate)*	LOCATION	DATES	NATURE OF STUDIES Major/Minor	DIPLOMA/DEGREE	DATE GRANTED
(Graduate)					

EDUCATIONAL and/or WORK EXPERIENCE
List most recent experience first. Include any substitute teaching, and indicate as such.

DATES	NAME & LOCATION OF SCHOOL	NATURE OF EXPERIENCE i.e. Grade level, subject	TOTAL YEARS	IF FULLTIME POSITION ANNUAL SALARY

Student teaching, if fewer than 3 years of full-time employment.

YEARS	NAME & LOCATION OF SCHOOL	SUBJECT OR GRADE LEVEL

REFERENCES

Give the names of three persons who have closely observed your work as a professional or a student. References by present and former superintendents, principals, and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendation.

Name			
Official Position			
Address			
City, State, Zip			
Telephone Number (area code)			

NOTICE

Applications will be kept on file for **one year** from the date of application. If you desire to keep your application on file beyond that date, please notify the Assistant Superintendent for Instruction in writing or submit a new application.

Signature _____ Date _____