

GOWANDA CENTRAL SCHOOL

10674 Prospect Street • Gowanda, New York 14070
(716) 532-3325 (Ext. 6300)

APPLICATION FOR SUBSTITUTE TEACHING

Name: _____

Phone: _____

Address: _____

SS#: _____

Have you ever been convicted of a crime? _____ If yes, please explain on a separate sheet of paper.

Are you a member of the NYS Teachers' Retirement System? Yes _____ No _____

If yes, New York State Teachers' Retirement Number: _____

Are you receiving benefits from the New York State Teachers' Retirement System as a retired or disabled teacher? Yes _____ No _____

Have you been fingerprinted by the New York State Education Department? Yes _____ No _____

If no, you must obtain fingerprint clearance from the New York State Education Department prior to board approval. You are required to pay the fingerprint processing fee of \$100.75.

CERTIFICATION

Please list the New York State Teaching Certifications that you possess:

Please attach a copy of your certification.

CHECK ALL GRADES AND AREAS WHERE YOU WOULD BE WILLING TO SUBSTITUTE

K-4 5-8 9-12 Any Area Where Needed

OR Specify specific grade and area:

K-4 5-8 9-12 Art

K-4 5-8 9-12 Physical Education

K-4 5-8 9-12 Library

K-4 5-8 9-12 Remedial Reading

K-4 5-8 9-12 Remedial Math

K-4 5-8 9-12 Music

K-4 5-8 9-12 Special Education

K-4 Classroom

5-8 9-12 Business/Computers

5-8 9-12 English

5-8 9-12 Home Ec/Technology

5-8 9-12 Mathematics

5-8 9-12 Science/Health

5-8 9-12 Spanish/Seneca

5-8 9-12 Social Studies

COLLEGE EDUCATION – PLEASE ATTACH UNOFFICIAL COLLEGE TRANSCRIPTS

Degree Received

College and Location

Date Received

TEACHING EXPERIENCE

Grade/Area

School and Location

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER EMPLOYMENT EXPERIENCE

Position/Title

Agency and Location

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

Work/life/personal experiences or qualities you possess that you feel would enhance your teaching capabilities:

TEACHING REFERENCES

Day Phone

Evening Phone

Name and Title

School District

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES

Day Phone

Evening Phone

Name and Address

_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN COMPLETED APPLICATION WITH COPIES OF CERTIFICATIONS AND UNOFFICIAL TRANSCRIPTS TO THE SUPERINTENDENT'S OFFICE.