

CHENANGO FORKS CENTRAL SCHOOL DISTRICT

Substitute Teacher Application

of

(your name)

for a Teaching Position in the

CHENANGO FORKS CENTRAL SCHOOL DISTRICT

Binghamton, New York 13901

Position Applied For: _____

Date Submitted: _____

Please return this application to:

Superintendent of Schools
Chenango Forks District Office
One Gordon Drive
Binghamton, NY 13901
(607) 648-7543

*THE MISSION OF THE CHENANGO FORKS CENTRAL SCHOOL DISTRICT IS
"A COMMUNITY WHERE LEARNERS EXCEL!"*

The Chenango Forks Central School District is guided by
New York State Human Rights Law in Employment Practices and Procedures

PERSONAL INFORMATION

(Please Print or Type)

POSITION(S) DESIRED _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET (AREA CODE) TELEPHONE

CITY STATE ZIP CODE

PERMANENT ADDRESS _____
STREET (AREA CODE) TELEPHONE

CITY STATE ZIP CODE

E-MAIL ADDRESS (IF AVAILABLE) _____

CERTIFICATION

NEW YORK STATE CERTIFICATION(S)

Please list all types of certificates and status

Certificate number(s) and date(s): _____

Have you ever had certification denied,
revoked, or suspended?

YES NO

Please enclose a copy of all paper format certificates issued by SED
and electronic documentation from the Office of Teaching.

If yes, explain

If pending, explain

ANTI DISCRIMINATION POLICY

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. The School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.

EDUCATIONAL PREPARATION

Name and Location of School	Nature of Studies		Diploma or Degree
High School	Major	Minor	
Undergraduate	Major	Minor	
Graduate	Major	Minor	
Distinctions and Honors			

STUDENT TEACHING

Name and Location of School	Subject or Grade Level
Name and Location of School	Subject or Grade Level

PARTICIPATION IN CO-CURRICULAR ACTIVITIES

High School/College _____
Post Graduate _____
What co-curricular activities can you sponsor? _____
What sports can you coach? _____

OTHER EXPERIENCES WITH CHILDREN

Organization	Address	Type of Work	From	To	Total

PRIOR TENURE RECORD

Have you ever received TENURE in any School District or Board of Cooperative Services (BOCES) anywhere in New York State? If yes, what area did you receive tenure in?

Yes
 No

If yes, please indicate _____

(Name of School District or BOCES)

(Date Tenure Conferred)

(Area)

Were you ever denied tenure by a school district? Yes No

If yes, Where?"

When?

ADULT WORK EXPERIENCE OTHER THAN TEACHING

List most recent experience first

Name and Address	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	

Total Years

Specific nature of position

Name and Address	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	

Total Years

Specific nature of position

Name and Address	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	

Total Years

Specific nature of position

Please account for any gaps in your employment history:

Name and Address	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	

Total Years

Specific nature of position

Name and Address	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	

Total Years

Specific nature of position

UNITED STATES ARMED SERVICES RECORD

Date From-To	Branch	Total Months	Highest Rank

OTHER INFORMATION

Have you ever been convicted of a crime or are criminal charges now pending against you? YES NO

If yes, please explain _____

Have you ever resigned a position to avoid being fired or to avoid the imposition of tenure or other disciplinary charges against you?

YES NO

If yes, please explain _____

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

Name	Position	Address	Telephone

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and to the best of my knowledge.

I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

I understand that the Chenango Forks Central School District will be making an extensive inquiry regarding my background and experience and is hereby released from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied.

If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the School District and will not be released to me unless required by federal and state statutes or regulations.

Signature of Applicant

DO NOT WRITE BELOW

Interview Record:

Date

Person

Remarks
