

MARLBORO CENTRAL SCHOOL DISTRICT

21 Milton Tpke, Suite 100
Milton, NY 12547

APPLICATION FOR SUBSTITUTE TEACHING

****Please Attach a Copy of any Teacher Certifications Issued****

Date _____ Certification Area _____

Name _____ Phone #'s _____

Address _____ Retirement # _____

_____ Social Security # _____

Email: _____ Teach ID #: _____

Fingerprint clearance with NYS Department of Education: _____ YES _____ NO _____ Pending

INSTITUTIONS ATTENDED BEYOND HIGH SCHOOL

Name	Location	Degrees Received
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEACHING CERTIFICATES – Active & Pending

Title & Number	State	Subjects
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEACHING EXPERIENCE

Name of School	Subjects, Grades	Dates From/To
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_____	_____	_____
_____	_____	_____

OTHER EXPERIENCE INCLUDING MILITARY

<u>Position</u>	<u>Employer & Location</u>	<u># of Months</u>	<u>Dates From/To</u>
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REFERENCES

<u>Name and Position</u>	<u>Phone Number</u>
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ADDITIONAL INFORMATION

Note: Please include any information that would further describe your capabilities as a teacher, such as musical ability, community work, etc.

Availability

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____

For Office Use Only:

Reviewed by:
Comments:

Date:

Recommended for Substitute _____

Not Recommended for Substitute _____

Grade Level assigned to: _____

Phone Reference check completed: _____

Board of Education approval date: _____