**INSTRUCTIONAL**

**SUBSTITUTE FORM**

**AS OF 7/1/2001, New York State requires all public employees to have Fingerprinting Clearance. If you have not completed this process, you can go to** [**www.IdentoGo.com**](http://www.IdentoGo.com) **to set up an appointment. Your application will not be processed until we receive fingerprint clearance from the New York State Department of Education.**  You will need the following code to complete sign up process: 14ZGR7. Cost of fingerprinting is $102.00 and may be reimbursed by the District after 20 days of subbing employment.

Please indicate what type of subbing position you are applying for:

\_\_\_\_\_Non-Certified Substitute Teacher

\_\_\_\_\_Substitute Teacher w/4 year degree

\_\_\_\_\_Certified Teacher Substitute

\_\_\_\_\_Certified Teacher retired from another district

\_\_\_\_\_Certified Teacher retired from BCSD

\_\_\_\_\_Teaching Assistant

Substitute Preferences (check any that apply)

\_\_\_\_\_Grades K-3 \_\_\_\_\_Grades 4-5 \_\_\_\_\_Grades 6-8 \_\_\_\_\_Grades 9-12

Fingerprinting process: yes (provide date completed)\_\_\_\_\_\_\_\_\_\_ no\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name – PLEASE PRINT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

BATH CENTRAL SCHOOL DISTRICT

25 Ellas Ave., Bath, NY 14810

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_607-776-3301\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT APPLICATION

For Instructional Substitute

The Bath Central School District is an equal opportunity employer. Consideration for employment will be given without regard to race, creed, color, sex, sexual orientation, age, national origin, marital status or handicap.

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City Zip

**EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Cell**

**SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_**

**Have you been employed by BCSD previously: Yes\_\_\_\_\_\_ , date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_**

**Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a citizen of the United States? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

Note: If hired federal law requires that you furnish documentation showing your identity and that you are legally authorized to work in the U.S.

**Do you have NYSED Fingerprint Clearance? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

If so, please include clearance proof along with application

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**Education**

Please check the highest level completed

High School \_\_\_\_\_ 2 Yr. College \_\_\_\_\_ 4 Yr. College \_\_\_\_\_ Bachelors+30 \_\_\_\_\_ Master’s \_\_\_\_\_

**Certification**

Check one

None \_\_\_\_\_ Cert. of Qualification \_\_\_\_\_ Initial \_\_\_\_\_ Permanent \_\_\_\_\_ TA Cert. \_\_\_\_\_

**Employment**

Begin with present or most recent employer. PLEASE NOTE: **This section must be filled out completely.**

|  |  |  |
| --- | --- | --- |
| Employer #1 | Dates Employed  to | Work Performed |
| Address | Phone Number |  |
| Job Title |  |  |
| Supervisor |  |  |
| Reason for Leaving |  |  |
| Employer #2 | Dates Employed  to | Work Performed |
| Address | Phone Number |  |
| Supervisor |  |  |
| Reason for Leaving |  |  |
| Employer #3 | Dates Employed  to | Work Performed |
| Address | Phone Number |  |
| Job Title |  |  |
| Supervisor |  |  |
| Reason for Leaving |  |  |

**References**

List below three references, **not related to you.**

Name Address Relationship Phone

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional Information**

Give any additional information which you think might be of value in considering you for a position.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving record, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my rights of access to any such information, and without limitation herby release the school district and the references from any liability in connection with its release or use.

I hereby declare that the information provided by me is true, factual and complete. I understand that false statements will disqualify me for employment or cause my subsequent dismissal. If employed by the Bath Central School District, I understand that I will be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_