



# WINDSOR CENTRAL SCHOOL DISTRICT APPLICATION FOR SUBSTITUTE TEACHER

215 Main Street  
Windsor, NY 13865

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

School Desired:

**Elementary**

- Floyd Bell
- C.R. Weeks
- Palmer

**Secondary**

- Middle School
- High School

Are there any limitations you would put on the subject areas for which you would or would not substitute?  
\_\_\_\_\_

Are there any days of the week on which you cannot substitute? \_\_\_\_\_

Have you ever been denied tenure or forced to resign a position? \_\_\_\_\_

If yes, please explain (with dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense, other than a minor traffic infraction? \_\_\_\_\_

If yes, please explain (with dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RECORD OF COLLEGE ATTENDANCE

INSTITUTION

DEGREE OR DIPLOMA

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

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

MAJOR FIELD OF STUDY: \_\_\_\_\_

NYS CERTIFICATE NO.: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

Provisional \_\_\_\_\_ Permanent \_\_\_\_\_ Valid for: \_\_\_\_\_  
field(s) of teaching)

NYS Teacher Retirement Number (if a member)  
\_\_\_\_\_

**RECORD OF MOST RECENT WORK AND TEACHING EXPERIENCE**

<u>INSTITUTION</u>	<u>ADDRESS</u>	<u>DATES</u>	<u>TYPE OF WORK</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES**

**Give names, addresses, and telephone numbers of at least three persons who would have knowledge of your qualifications:**

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

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

**STATEMENT OF RELEASE OF INFORMATION**

(Required to process application)

"I understand that the Windsor School District will be making an extensive inquiry regarding my background and experience, and I hereby release 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 or state statutes or regulations".

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

