



THOUSAND ISLANDS CENTRAL SCHOOL
PO Box 100 CLAYTON, NY 13624

SUBSTITUTE TEACHER APPLICATION

Please Print/Type

Name _____ SS # _____

Address _____

Home Telephone _____ Other Numbers _____

In Case of Emergency Notify _____ Phone _____

I **DO, DO NOT** wish to be included on the substitute teacher list.

I **AM, AM NOT** certified in New York State.

Member of NYS Emp. Retirement? _____ If yes, Number _____

Certified subject or grade area _____ If yes, give number _____

I received my **Masters** _____ **BA/BS** _____ **AA/AS** _____

Do you wish to be considered for full-time employment? _____

Substitute area (s): Elementary _____ Middle School _____ High School _____

What days **ARE** you available? M T W TH F

If not, explain

Are you available for assignments to all schools in the district? _____

If not, explain _____

What other school districts are you registered with for substitute employment: _____

Are you available on short notice (1 or 2 hours)? _____ If not, explain _____

Are you currently employed or self-employed full or part time? _____

Will you have any transportation problems in reporting to work? _____ If yes, explain

I understand and agree to notify the Superintendent of Schools, if any of the above conditions change.

Signature

Date