## SANDY CREEK CENTRAL SCHOOL DISTRICT PO BOX 248, 124 SALISBURY STREET SANDY CREEK, NY 13145 315-387-3445 SUBSTITUTE TEACHING APPLICATION

Name:							
(Last)		irst)	(Middle)		(Maiden)		
Address:							
Telephone No.:	Sc	_Social Security No.:					
Email Address:							
Area of Certification:							
Certification No:		Retirement No:					
Have you been fingerprinted by NYSED? yes no (If yes, Date:)							
***TWO LETTERS OF	RECOMMENDA	TION MU	<u>ST</u> ACCOMP	ANY THI	S APPLICATION***		
Please circle the grade level or subject where you are willing to substitute.							
<u>Elementary</u> Pre-K Kindergarten	Grades 1-3	Grades 4-5	ō Music	Art L	ibrary PE Nurse		
Middle School/High Scho							
Grade 6 Language Arts	Social Studie	s Science	e Math Fo	oreign Lan <u>c</u>	guage Home Ec.		
Business T	echnology Ar	t Music	PE Readin	g Health	Nurse		
Please circle the days you	ı would be availd	able for sub	ostituting.				
Monday	Tuesday	Wednesd	ay Th	ursday	Friday		
Signature of Applicant				Date			
Please return your applica	Distric	t Office					
	,	Sandy Creek Central School District PO Box 248, 124 Salisbury St.					
			Creek, NY 13	,			
(Continues of reverse)	Approv	Approved by the Board of Education					

## EDUCATIONAL TRAINING:

<u>School</u>	Date	<u>Diploma or Degree</u>	<u>Major Subject</u>
High School:			
College(s):			
Graduate Work:			
TEACHING EXPER	IENCE:		
<u>Institution</u>	<u>Date</u>	<u>Position</u>	<u>Subject Taught</u>
Have you ever be If yes, please ex	en arrested or convi plain:	cted of a crime?	Yes No

## SANDY CREEK CENTRAL SCHOOL DISTRICT

It is the policy of the Sandy Creek Central School District to provide for an promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national original, sex, disability, or marital status.