WALLKILL CENTRAL SCHOOL DISTRICT
Brian Devincenzi, Assistant Superintendent for Support Services
19 Main Street, PO Box 310, Wallkill, New York 12589
[845] 895-7102

SUBSTITUTE TEACHER/TUTOR APPLICATION

Name*_____ Social Security # *(Optional)*_____

Address_____ Telephone #_____

_____ Email _____

*State any other name you have used in education or employment_____

☐ **NON-CERTIFIED**

☐ **CERTIFIED** Certificate Type: [Area] _____

Certification #:_____ Effective Certification Date:_____

Certificate Type: [Area] _____

Certification #:_____ Effective Certification Date:_____

TEACH ID #: _____ _____

EDUCATION

NAME AND LOCATION OF SCHOOL	DEGREE OR CREDITS EARNED	MAJOR	MINOR
High School			
College(s)			
Other			

TEACHING EXPERIENCE

NAME AND LOCATION OF SCHOOL	PRINCIPAL	GRADE OR SUBJECT TAUGHT
How many total years of teaching experience do you have? _____		

I am willing to substitute in:

☐ Elementary (K-6) ☐ Middle (7-8) ☐ High (9-12) ☐ Special Education ☐ Tutor ☐ All

I am available to substitute on the following days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ All

WORK EXPERIENCE

NAME & LOCATION OF PLACE OF EMPLOYMENT	DATES OF SERVICE	NATURE OF WORK	REASON FOR LEAVING

REFERENCES*

(Please include name, address and telephone number)

1.	2.	3.

Have you ever been convicted of or pled guilty to any misdemeanor or felony? ☐ Yes ☐ No

If yes, when?_____

Where?_____

What was the disposition?_____

FINGERPRINTING

☐ I have never been fingerprinted. I understand that, upon hire, I must immediately apply to the New York State Education Department website at: http://www.highered.nysed.gov/tcert/teach/ and submit an application for fingerprint clearance and that I am responsible for the fingerprinting process.

☐ I have been previously fingerprinted (after July 1, 2001) and received clearance from the New York State Education Department. I understand I must contact the Wallkill Central School District at 895-7101 to authorize fingerprinting clearance for employment at the Wallkill Central School District.

I affirm that the statements made on this application and any attached papers or documents are true under the penalties of perjury. I understand that a false statement on this application constitutes grounds for immediate dismissal.

_____ _____

Signature Date

***THE FOLLOWING ITEMS MUST BE RECEIVED IN ORDER TO PROCESS THIS APPLICATION:**

- If Non-Certified, please provide copy of college transcripts *(they do not need to be official)*
- If Certified, please provide copy of certification
- Three (3) Wallkill Central School District Reference Forms completed by above references

www.wallkillcsd.k12.ny.us

The Wallkill Central School District does not discriminate against any employee or applicant on the basis of race, color, national origin, creed, religion, gender, marital status, age, disability, sexual orientation, military status, or pre-disposing genetic characteristics

WCSD

Wallkill Central School District, 19 Main Street, PO Box 310, Wallkill, New York 12589
(845) 895-7102, Fax: (845) 895-3630
Brian Devincenzi
Assistant Superintendent for Support Services

SUBSTITUTE TEACHER/TUTOR REFERENCE FORM

_____has applied to us for employment as a substitute teacher/tutor.
Name of Applicant

He/She has given your name as a reference. We would greatly appreciate your completing the form below and returning to us at your earliest convenience so that we may proceed with the process. Thank you for your cooperation and prompt response.

Character:	Excellent _____ Good _____ Fair _____ Poor _____
Job Performance:	Excellent _____ Good _____ Fair _____ Poor _____
Job Knowledge:	Excellent _____ Good _____ Fair _____ Poor _____
Attendance:	Excellent _____ Good _____ Fair _____ Poor _____
Judgment:	Excellent _____ Good _____ Fair _____ Poor _____
Strong Work Ethic:	Excellent _____ Good _____ Fair _____ Poor _____
Ability to get along with others:	Excellent _____ Good _____ Fair _____ Poor _____

How do you know the applicant?_____

How long have you known the applicant?_____

Please feel free to make any other comments you might feel beneficial in our determination of hiring this individual.

COMMENTS:

_____

_____

Please check the statement which best describes your opinion about this applicant as a substitute teacher/tutor in the Wallkill Central School District.

- ☐ I highly recommend this applicant as a substitute teacher/tutor. He/she is exceptional.
- ☐ I feel this applicant would perform satisfactorily as a substitute teacher/tutor. He/she is satisfactory.
- ☐ I do not recommend this applicant.
- ☐ No comment.

Name, Address, and Telephone number of person writing reference: _____

_____

_____

_____

_____ _____ _____
Signature Title Date

Return this form to: **Susan Hansen, Administration Office, 19 Main Street, PO Box 310, Wallkill, NY 12589**

Sincerely,

Brian Devincenzi
Assistant Superintendent for Support Services

BD/sh

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