



**GENERAL BROWN CENTRAL SCHOOL
DISTRICT OFFICE
PO BOX 500
DEXTER, NEW YORK 13634
Phone (315) 779-2311 – Fax (315) 639-6916**

APPLICATION FOR SUBSTITUTE POSITION

___TEACHER ___TEACHER AIDE ___SCHOOL NURSE ___CAFETERIA WORKER ___CUSTODIAL
(Check all that apply)

Please Print or Type

Date _____

Name _____
Last First Middle

Other names, current or previous, under which you are or have been, employed _____

Address _____
No. Street / PO Box City State Zip Code

Phone _____ Social Security Number _____

Personal Information

Do you have any impairment (physical, mental, or medical) which would interfere with your ability to perform the job for which you have applied? (Explain briefly) _____

Are there any positions or types of positions for which you should not be considered or job duties you cannot perform because of a physical, mental, or medical disability? (Please describe) _____

Have you ever been convicted of a crime? Yes ___ No ___ if yes, please explain. _____

Education (Including High School)

| Name of Institution | Location | Major | Minor | Degree or Hours Completed |
|---------------------|----------|-------|-------|---------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Certification (Substitute Teacher Applicants only)

| Area / Subject | State | Type (Initial, Prof, Perm) | Certificate Number | Date Issued or Anticipated | Expiration Date |
|----------------|-------|-------------------------------|-----------------------|-------------------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Work Experience other than Teaching

(List most recent employer first)

| Name of Employer | Address | Position | Dates Employed | Reasons For Leaving |
|------------------|---------|----------|----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever worked for General Brown Central School before? Yes ___ No ___
If yes: When _____ under what name _____

Military Service

Have you ever served in the armed forces? Yes ___ No ___ If yes, what branch? _____

Dates of Duty: From _____ to: _____
Month Day Year Month Day Year

Rank at Discharge _____

List duties in the service including special training: _____

Teaching Experience Including Student Teaching (substitute teacher applicants only)

| Name of School / Community | Grade or Subjects | Dates |
|----------------------------|-------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

References

(Especially include supervisors under whom you have worked)

| Name | Address | Phone Number |
|----------|---------|--------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. _____ | | |

New York State Teachers' / Employees' Retirement System

If your employment is on a part-time, temporary or provisional basis, or less than 12 months per year, membership is optional.

Are you a member of the Teachers' Retirement System? ___ YES ___ NO

If yes, give number _____

You have the right to join the NYS Teachers' Retirement System.

Do you wish to join? ___ YES ___ NO

Are you a member of the NYS Employee's Retirement System? ___ YES ___ NO

If yes, give number _____

You have the right to join the NYS Employees' Retirement System.

Do you wish to join? ___ YES ___ NO

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application may be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant

Date

All school employees must submit fingerprints to New York State. If an unfavorable response is received from New York State, your position may be terminated.

Civil Rights Acts prohibit discrimination in employment because of sex, race, color, religion, national origin, or handicapping condition. Public Law 90-202 prohibits discrimination because of age. The laws of New York State and the policies of the General Brown Central School are in compliance with the Federal laws.

Teachers Only

I hereby acknowledge that I have been informed by General Brown School District, my employer, that as a "teacher" not currently a member of the New York State Teachers' Retirement System who is or will be rendering less than full-time service for _____ (year) school year, I may, as a matter of right, join the New York State Teachers' Retirement System. I further acknowledge that I understand under present law if I elect to join the New York State Teachers' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute, pursuant to Article 15 of the RSSL, the applicable percentage of my salary to the Retirement System and furthermore, as a member of the Retirement System, I will be required to contribute to Social Security.

If I join the Retirement System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the system with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 62 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand that if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

Signature

Date