

**MONROE-WOODBURY  
CENTRAL  
SCHOOL DISTRICT**

Education Center  
Route 32  
Central Valley, NY 10917  
(845) 460-6200  
mw.k12.ny.us

**CERTIFIED PERSONNEL**



**Name:** \_\_\_\_\_

**POSITION APPLIED FOR**

**Substitute Teacher**

\_\_\_\_\_ K-6      \_\_\_\_\_ 7-12      \_\_\_\_\_ Home Instructor

**Substitute Teaching Assistant**

\_\_\_\_\_ Teaching Assistant K-6      \_\_\_\_\_ Teaching Assistant 7-12

The Monroe-Woodbury Central School District is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, religion, national origin, handicap, age, or marital status; nor does it apply any other arbitrary measure which would deprive persons of their constitutional rights.

I would like to have my name on the substitute teacher list for the following:

Subject/Grade

Building

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I am available: every day

other: \_\_\_\_\_



1. Fill out this application as completely and accurately as possible. Please do not answer by writing "see resume." If additional space is needed for any information, attach additional pages.
2. For all substitute teaching positions attach copies of college transcripts and certification documents.
3. At the end of this application you may add, by a separate attachment, any supplementary information that will enable the School District to make a more complete estimate of your qualifications.

4. Return completed application and materials to: **Monroe-Woodbury Central School District**  
**Assistant Superintendent for Human Resources**  
**Education Center**  
**278 Route 32**  
**Central Valley, NY 10917**  
**Phone: (845) 460-6200**  
**mw.k12.ny.us**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Other Name (s) \_\_\_\_\_  
Please provide any additional information regarding name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work records

Place of residence-address \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
STREET  
 \_\_\_\_\_  
CITY STATE ZIP

Permanent mailing address \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
 (if different) STREET  
 \_\_\_\_\_  
CITY STATE ZIP

Telephone number at which you may be reached during business hours ( ) \_\_\_\_\_

Are you a citizen of the United States? Yes  No

If not a citizen of the United States, do you intend to become a citizen of the United States? Yes  No

Can you perform any and all job functions with or without a reasonable accommodation? Yes  No

If yes, please describe how you would perform such job functions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you had a fingerprint/criminal background check processed in any other New York State school district? Yes  No

If yes, which school district? \_\_\_\_\_ Date of background check \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No

If yes, please give date and explain (conviction does not preclude employment):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATIONAL PREPARATION

If you are employed by the Monroe-Woodbury Central School District, your teaching experience and college/university preparation, as listed on this application and subsequently verified, will be considered in establishing your starting salary. Information supplied at a later date about additional experience and/or preparation accomplished prior to the submission of this application WILL NOT BE CREDITED for salary purposes.

Name and Location of School			
High School	Dates Attended	Program	Date Diploma Granted

College (Undergraduate)*	Dates Attended	Nature of Studies		Degree	Date Granted
		Major	Minor		

Have you taken work which has resulted in the conferring of an advanced degree? If so, summarize.*	Dates Attended	Major Specialization	No. of Credits	Degree	Date Granted

Advanced study beyond the highest degree earned.*	Dates Attended	Indicate Major Concentrations	No. of Credits	Do Not Write In This Space

\*A transcript of all college work is required of applicants. Unofficial transcripts (including photocopies) will suffice for this application. Original transcripts will be required of appointees.

## OTHER WORK EXPERIENCE

Non-educational (i.e. business, trades, summer occupations)

Dates	Firm or Institution	Nature of Work	Full or Part -Time	Salary

## CERTIFICATIONS

			State	Exact Title (Copy from Certificate)	Date Issued	Date Expires
Professional	<input type="checkbox"/>	Initial	<input type="checkbox"/>	_____	_____	_____
Permanent	<input type="checkbox"/>	Provisional	<input type="checkbox"/>	_____	_____	_____
Certificate of Qualification	<input type="checkbox"/>	Continued Eligibility	<input type="checkbox"/>	_____	_____	_____
<hr/>						
Professional	<input type="checkbox"/>	Initial	<input type="checkbox"/>	_____	_____	_____
Permanent	<input type="checkbox"/>	Provisional	<input type="checkbox"/>	_____	_____	_____
Certificate of Qualification	<input type="checkbox"/>	Continued Eligibility	<input type="checkbox"/>	_____	_____	_____
<hr/>						
Professional	<input type="checkbox"/>	Initial	<input type="checkbox"/>	_____	_____	_____
Permanent	<input type="checkbox"/>	Provisional	<input type="checkbox"/>	_____	_____	_____
Certificate of Qualification	<input type="checkbox"/>	Continued Eligibility	<input type="checkbox"/>	_____	_____	_____
<hr/>						
Teaching Assistant Certification				_____	_____	_____

If you do not have a New York State Teaching Certificate, have you made application for one? Yes  No   
 If yes, date of application: \_\_\_\_\_. For what area (s) \_\_\_\_\_

Other professional licenses held (attach photocopies of each): Type and issuing authority, effective dates:  
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## EXTRA ACTIVITIES, INTERESTS AND HOBBIES

ASTERISK (\*) AREAS WHICH YOU CAN COACH OR SPONSOR AS AN ADVISOR

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## RETIREMENT INFORMATION

Are you a member of the New York State Teachers' Retirement System? Yes  No

If yes, year you joined the retirement system? \_\_\_\_\_ Retirement System Number \_\_\_\_\_

**EDUCATIONAL EXPERIENCE**

**FULL-TIME:** Beginning with the most recent, list in order your PAID FULL-TIME educational experience. (Do not include per diem substitute or part-time experience.) If you have fewer than 3 years of regular PAID FULL-TIME experience, include student teaching, in another area, below.

Dates	Total Years	Name and Location of School	Specific Nature of Position: Grade, Level, Subject, etc.	Annual Salary

**PART-TIME:** Beginning with the most recent, list in order your PAID PART-TIME educational experience.

Dates	Name and Location of School	Subject and/or Grade Level

**STUDENT TEACHING:** If fewer than 3 years of regular full-time employment, include student teaching experience here.

Dates	Name and Location of School	Subject and/or Grade Level

Have you ever been dismissed from a position or been asked to resign or retire as an alternative to dismissal? Yes  No

**RELATED PROFESSIONAL EXPERIENCE**

Related educational experience, educational travel, lectures, addresses, publications, organizational membership, committee chairs or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, etc., which you consider relevant to your ability to perform in the position you seek.

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## REFERENCES

Give the names of four persons who have closely observed your work as a professional or who have first-hand knowledge of your character, personality, scholarship and/or your ability as an educator. If currently employed, include your present supervisor. Do not include letters of reference. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will please include student teaching supervisor from your college/university.

	1	2	3	4
Name				
Official Position				
Present Address				
Telephone No.				

Please mark with an asterisk those references who should not be contacted in the initial stages of processing this application.

Has a probationary term ever been discontinued? Yes  No

If yes, District: \_\_\_\_\_ If yes, give reasons: \_\_\_\_\_

Have you ever been disciplined under section 3020-A of the N.Y.S. Education Law? Yes  No

If yes, District: \_\_\_\_\_

## CANDIDATE'S AFFIDAVIT

The facts set forth above in my application are true and complete, to the best of my knowledge, and I hereby authorize you to make any investigation necessary to verify the information provided in this application. I understand and agree that any false or misleading information in this application shall be sufficient cause for rejection of this application or, if employed, sufficient cause for dismissal subject to applicable provisions of law. Further, if employed, I understand and agree that my employment is for no fixed or definite period, and that I may be terminated at any time for any or no reason, subject to applicable provisions of law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





SUPPLEMENTAL

In the space below please feel free to add any other information which you feel will be relevant to your candidacy.

Lined area for supplemental information.

CANDIDATE'S AFFIDAVIT

I certify that all the information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date