

OFFICE USE ONLY
Fingerprints to OSPRA: _____
Board Approval Date: _____

SCHOHARIE CENTRAL SCHOOL

Schoharie, New York

- Application to Substitute -

Name: _____

Home Phone: _____

Address: _____

E-Mail: _____

Emergency Contact Name and Phone #:

Social Sec. #: _____

Have you received a fingerprinting clearance from the NYS Education Department? _____

Please check all areas and positions in which you would like to substitute:

Elementary (K-6) _____

Junior High (7-8) _____

High School (9-12) _____

Teacher * _____

Teaching Asst.* _____

Aide _____

Secretary _____

Bus Driver _____

Food Service Helper _____

Custodian/Groundskeeper _____

Please list any days for which you are NOT available to substitute: _____

Are you available to substitute on short-notice (1 or 2 hours)?

Yes _____

No _____

* Teacher and Teaching Assistant Applicants - Please answer the following questions:

1. Do you have a Bachelor's Degree?

Yes _____

No _____

Do you have a Master's Degree?

Yes _____

No _____

2. Are you a New York State Certified Teacher?

Yes _____

No _____

3. Are you a New York State Certified Teaching Assistant?

Yes _____

No _____

4. Please list all certification areas: _____

According to SAVE legislation, all new employees hired on or after July 1, 2001 must be fingerprinted in order to work in New York State schools. By signing below, the applicant agrees to immediately notify the appropriate area supervisor about any changes to the information on this form. The applicant's signature further acknowledges their agreement to pay the required \$122.25 fee (\$94.25 to NYS Education Department and \$28.00 to the LIVESCAN location) for securing a fingerprint clearance for employment. Applicants who have already completed this process are exempt from the fees.

Signature _____

Date _____