

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

SCHOHARIE CENTRAL SCHOOL

Schoharie, New York

- Application to Substitute -

Name: _____

Main Phone: _____

Address: _____

Cell Phone: _____

E-Mail: _____

Emergency Contact -

Name: _____

Social Sec. #: _____

Phone: _____

Have you received a fingerprinting clearance from the NYS Education Department? **Yes** **No**
(Circle One)

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

- Elementary (K-6) _____ High School (7-12) _____ Nurse _____
- 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 _____
2. Do you have a Master's Degree? Yes _____ No _____
3. Are you a New York State Certified Teacher? Yes _____ No _____
4. Are you a New York State Certified Teaching Assistant? Yes _____ No _____
5. 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 \$102 fee (DCJS fee \$75/FBI fee \$14.75/MorphoTrust fee \$12.25) for securing a fingerprint clearance for employment. Applicants who have already completed this process are exempt from the fees.

Signature _____

Date _____