

**LITTLE FALLS CITY SCHOOL DISTRICT
15 PETRIE STREET
LITTLE FALLS, NY 13365**

SUBSTITUTE TEACHER APPLICATION

Name _____ Date _____

Address _____ Telephone _____

_____ Social Security # _____

Certified for: High School _____ Department: _____

Elementary _____ Grade _____

Available for: Short substitutions - Long Substitutions -

1 day _____ week _____ 1 month _____ continuous _____

School Preference: BHA _____ Middle School _____ High School _____

Department _____

*** PLEASE NOTE: You must have at least a high school diploma to be eligible to substitute teach and you must be out of high school for at least two years.**

Training	Name and Location	Major	Degree	Date
High School	_____			
2 yr. College	_____			
4 yr. College	_____			
Graduate Study	_____			
Summer School	_____			
Extension, or other type	_____			

Latest professional study:

Where _____

Date _____

Work done _____

EXPERIENCES:

School	Location	Subjects/Grades Taught	Dates	Salaries
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What type of New York State Certificate do you hold? _____

Date of last renewal or issuance _____

Number of certificate _____

What other types of professional improvement have you engaged in during the last five years?

Describe:

*****In order to be considered for employment you will first need to have fingerprint clearance. If you have not already had fingerprints done, please register for your fingerprints online at www.identogo.com. You will be asked to enter a Service Code: 14ZGR7. *****
Fingerprinting is done at Working Solutions, 320 N. Prospect St., Herkimer, NY 13350.
APPOINTMENTS ARE NECESSARY!

Once you have completed this application and you have been fingerprinted please submit this application to:

Little Falls City School District
Attn: Superintendent
15 Petrie St.
Little Falls, NY 13365

SIGNATURE _____

PRINT NAME _____

DATE _____