

Jason Chevrier
Superintendent
518-732-2297



Shelley Palmer
President
Board of Education

APPLICATION FOR SUBSTITUTE EMPLOYMENT – NON-INSTRUCTIONAL STAFF

[PLEASE PRINT]

Name _____

Address _____

Is your residence within the school district? YES _____ NO _____

Telephone number _____ Can we text you? YES _____ NO _____

Email Address: _____

Are you a citizen of the United States? YES _____ NO _____

Are you a United States war veteran? YES _____ NO _____

Position(s) in which you wish to substitute _____

Employment desired at:

Castleton Elementary School _____

Maple Hill Jr/Sr High School _____

District/Business Office _____

Maintenance Dept. _____

Transportation Dept. _____

Available during the hours of _____

When are you available to start work? _____

REFERENCES:

Please list the name(s) and **complete mailing addresses (including zip code)** and phone numbers of at least three persons not related to you by blood or marriage, who may be contacted by school officials for references as to your qualifications, character and reliability.

Name

Address

Phone No.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[over]

Employment or occupations you have had, with current or most recent position listed first:

Title of Position. Name of Firm. Supervisor's Name. Address. Phone No. Years of Service

May we call for references? YES _____ NO _____

Describe your typing/keyboarding ability _____

Computer experience – List software with which you are competent (e.g. Microsoft Word, Excel, Access, etc.) _____

Do you have experience signing for the deaf or hearing impaired? YES _____ NO _____
Current CPR or first aid course(s) _____

Experience working with children _____

For substitute nurses: Type of valid nursing license held _____

If applying for to be a driver substitute, are you 19-A certified? YES _____ NO _____
Do you hold a current commercial driver's license (CDL)? YES _____ NO _____

As of July 1, 2001, all districts are required to fingerprint and perform a background check through the Department of Criminal Justice and the FBI. Please indicate whether this has been completed previously. YES _____ NO _____

Date _____ Signature _____

INSTRUCTIONS: This form should be completed and mailed to Schodack Central Schools District Office, 1477 South Schodack Road, Castleton, NY 12033 (518-732-2297). References will be checked. A physical may be required prior to employment.

The Schodack Central School District offers employment without regard to sex, race, color, national origin or handicap. Pursuant to the Americans with Disabilities Act, the Schodack Central School District will provide reasonable accommodations to job applicants and employees who are qualified individuals with disabilities.