

Jason Chevrier  
 Superintendent  
 518-732-2297



Shelley Palmer  
 President  
 Board of Education

EMPLOYMENT APPLICATION FOR  
 SUBSTITUTE TEACHER/TEACHER ASSISTANT POSITION

NAME: \_\_\_\_\_  
 LAST FIRST MIDDLE (FORMER)  
 MAILING ADDRESS: \_\_\_\_\_  
 STREET CITY STATE ZIP  
 PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 NYS Teachers' Retirement System # \_\_\_\_\_

SUBSTITUTE EMPLOYMENT (PERDIEM)  
 (CHECK ALL THAT APPLY)  
 GRADES K-6 \_\_\_\_\_ (CES) GRADES 7-12 \_\_\_\_\_ (MS/HS)  
 TEACHER ASSISTANT \_\_\_\_\_  
 SPECIAL AREAS for MS/HS  
 Math \_\_\_\_\_ Science \_\_\_\_\_ English \_\_\_\_\_ Social Studies \_\_\_\_\_ Language \_\_\_\_\_  
 Music \_\_\_\_\_ Art \_\_\_\_\_ Physical Education \_\_\_\_\_ Other: \_\_\_\_\_

If you **have been** fingerprinted before for NYSED or NYCDOE purposes, use the below link to print the OSPRA, 102 form, **if not** print the OSPRA 101 form and return with your application:  
<https://www.nysed.gov/educator-integrity/fingerprinting-forms>

EDUCATIONAL BACKGROUND:

LEVEL	NAME OF SCHOOL	DIPLOMA OR DEGREE	GRADE LEVEL COMPLETED	DATES FROM/TO
High School				
College				
Other				

PROFESSIONAL EXPERIENCE: (Begin with your current or last position)

DATES	SCHOOL/BUSINESS	DUTIES

PROFESSIONAL EXPERIENCE: (Continued)


Type of New York State Certificate Held (please attach copy)

Professional \_\_\_\_\_ Initial \_\_\_\_\_ Permanent \_\_\_\_\_ Provisional \_\_\_\_\_

Valid for \_\_\_\_\_ Expires \_\_\_\_\_

Subject(s)/Grade(s)

Certificate Number

Teacher Assistant Certificate: Level I \_\_\_\_\_ Level II \_\_\_\_\_ Level III \_\_\_\_\_

REFERENCES: Please list the name, complete mailing address and phone number 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. At least one of these references must be from a current or last employer.

Name	Mailing Address	Phone Number

PLEASE RETURN THE COMPLETED APPLICATION TO:

Superintendent of Schools  
 Schodack Central School District  
 1477 South Schodack Road  
 Castleton, NY 12033-1699

I certify that the information contained in this application is true and permission is granted to seek references from former and current employers and character references as listed.

\_\_\_\_\_ Date

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

*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.*