



## APPLICATION FOR TEACHING ASSISTANT SUBSTITUTE

Please print or type the information requested and return the form to:  
**Personnel Office, Nyack Public Schools, 13A Dickinson Ave, Nyack, NY 10960**  
[ksmith@nyackschools.org](mailto:ksmith@nyackschools.org)

Date: \_\_\_\_\_ Name \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_

Street

City

State

Zip

Cell Phone(s) \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Level Desired: K-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-12 \_\_\_\_\_

Areas of School Interest: \_\_\_\_\_ Fingerprinted for NYS clearance? Yes \_\_\_\_\_ No \_\_\_\_\_

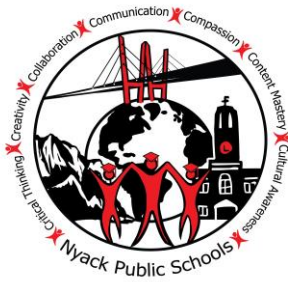
Certification	Date Received	Status	Expiration Date

### Education and Professional Preparation

School / College Name and Address	Date Attended: From - To	Major	Minor	Semester Hours	Degree

**List Teaching Assistant and/or professional experience in chronological order most recent first.**

School/Business	District	Address	Grade/Subject Department	Date: From – To	Total Years



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**References: List three to attest to your professional ability. Please attach recommendation letters to application**

<b>Name</b>	<b>Position</b>	<b>Address</b>	<b>Phone</b>

**Do you belong to the NYS Teacher's Retirement System? If yes, when did you join?**

\_\_\_\_\_

**Retirement number** \_\_\_\_\_

**I elect to join \_\_\_\_\_, not to join \_\_\_\_\_ the NYS Teacher's Retirement System at this time.**

**(If election is not to join, please sign and date below)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note preferences, limitations or other pertinent information concerning substituting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Nyack Union Free School District offers employment and educational opportunities including vocational education opportunities without regard to sex, race, color, national origin or handicap.**