



APPLICATION FOR TEACHER 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

Date: _____ Name _____

First

Middle

Last

Address _____

Street

City

State

Zip

Cell Phone _____ / _____ E-mail _____

Social Security # _____ Teaching Level Desired: K-5 _____ 6-8 _____ 9-12 _____

Areas of Specialization: _____ Fingerprinted for NYS clearance? Yes _____ No _____

Certification	Date Received	Status: Provisional or Permanent	Type: Elementary or Secondary	Grade Level or Subject Area

Education and Professional Preparation (please attach copy of transcript(s))

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

Teaching Experience: List student teaching and professional experience in chronological order most recent first.

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



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

Name	Position	Address	Phone

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.**