

Substitute Application Form
Office of Substitute Services
Hamilton-Fulton-Montgomery BOCES
2755 State Highway 67
Johnstown, NY 12095

Document E
Revised 1/4/10

Please type or print in black or blue ink

(Office use only) Pin No. _____

Position(s) applying for: _____

Substitute Area(s) _____ Elementary
_____ Middle _____ High

Personal Information:

Name: _____

Social Security Number: _____

If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable us to check on your work or school record, please indicate that name: _____

Present Address: _____
Street City State Zip

_____ Telephone Number

_____ E-mail Address

Education Information:

	Name of Institution	Location	Dates of Attendance	Degree/Diploma
High School				
College/University				
College/University				
Graduate Work				
Major Field Prep.				
Other Areas				

Certification Title

Type of Certificate (list effective and expiration dates):

		Initial _____ Professional _____ Provisional _____ Permanent _____
		Initial _____ Professional _____ Provisional _____ Permanent _____

Do you have any of the following skills: ___ typing ___ computer ___ phone systems ___ CPR certified ___ WSI certified

Are you available for assignments in the area school districts listed below? (check Yes or No)

	Yes	No
01 Johnstown		
02 Gloversville		
03 St. Johnsville		
04 Canajoharie		
05 Fonda-Fultonville		
06 BOCES Special Ed.		
07 BOCES Alternative Ed.		
09 Broadalbin-Perth		

	Yes	No
10 Mayfield		
11 Edinburg		
12 BOCES Career Ed.		
14 Fort Plain		
16 Northville		
18 Amsterdam		
20 Wheelerville		

Do you wish to be considered for HOME Teaching-Tutoring? _____

Do you have a disability which would prevent you from performing the duties of this job, with or without reasonable accommodations? _____ If yes, please explain: _____

Check the appropriate box to the right of each question. (None of the below circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying):

	Yes	No	If yes, explain:
Were you ever dismissed or discharged from any employment for reasons other than your position being eliminated?			
Did you ever resign from any employment rather than face dismissal?			
Did you ever receive a dishonorable discharge from the Armed Forces of the United States?			
Have you ever pleaded guilty to or been convicted of any crime (felony or misdemeanor)?			
Are you now under charges for any crime?			

Are you a member of the NYS Retirement System? ___ Yes ___ No Retirement Number _____

Are you a U.S. Citizen? ___ Yes ___ No If NO, did you filed a declaration of intent? ___ Yes ___ No

If you are not a U.S. Citizen, do you intend to become a citizen of the U.S.? ___ Yes ___ No

If you are not a U.S. citizen, have you the legal right to remain permanently in the U.S.? ___ Yes ___ No

Do you intend to remain permanently in the United States? ___ Yes ___ No

If you are hired, you will be required to present proof of your legal right to work in the U.S.

Work Experience: You are responsible for submitting an accurate, adequate and clear description of your experience. Beginning with your most recent job, describe below in detail all past employment. If more space is needed, attach 8 1/2"x11" sheets of paper.

Length of Employment MO YR MO YR From / to /	Business name: Telephone number:	Street address:	City State Zip code
Earnings (circle one) \$ WK/MO/YR	Describe duties with estimated percentages of time spent on each type of work (total not to exceed 100%):		
Type of Business			
Your Exact Title			
Name and Title of Supervisor			
No. of hours worked per week:	Reason for Leaving:		
Length of Employment MO YR MO YR From / to /	Business name: Telephone number:	Street address:	City State Zip code
Earnings (circle one) \$ WK/MO/YR	Describe duties with estimated percentages of time spent on each type of work (total not to exceed 100%):		
Type of Business			
Your Exact Title			
Name and Title of Supervisor			
No. of hours worked per week:	Reason for Leaving:		
Length of Employment MO YR MO YR From / to /	Business name: Telephone number:	Street address:	City State Zip code
Earnings (circle one) \$ WK/MO/YR	Describe duties with estimated percentages of time spent on each type of work (total not to exceed 100%):		
Type of Business			
Your Exact Title			
Name and Title of Supervisor			
No. of hours worked per week:	Reason for Leaving:		

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that false or incorrect information in this application is grounds for disqualification from further consideration or for dismissal from employment. Further, I hereby authorize my former employer(s), reference(s), and any other individual or organization to provide information solicited by this organization, and I hereby release and discharge each of the above, including this organization, from any liability of any kind or nature.

SIGNATURE

DATE