

**SARANAC CENTRAL SCHOOL DISTRICT**  
**SARANAC, NY 12981**



**TEACHING APPLICATION**

To the Applicant:

Candidates wishing to substitute teach ***MUST*** make an appointment for an interview with a building Principal. Your name ***WILL*** be placed on our substitute list once approved by the principal. Below is listed the name, building, and telephone number of each building principal:

**Building:**

**Telephone/Principal:**

Senior High School

518-565-5800  
Tracy Manor

Middle School

518-565-5700  
Katie Francisco

Morrisonville Elementary School

518-565-5980  
Kathleen Moore

Saranac Elementary School

518-565-5900  
Connie Garman

# SARANAC CENTRAL SCHOOL DISTRICT TEACHING APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
                     First                    Middle                    Last                    Maiden

APPLICATION FOR TEACHER OF: \_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE WORK?      YES \_\_\_\_\_      NO \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

PERMANENT ADDRESS: \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

TELEPHONE NUMBERS: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

If you are a member of the New York State Retirement System, please give your;  
 RETIREMENT #: \_\_\_\_\_

**CERTIFICATION:** (Please include a copy of the certification with the application)

<u>TYPE OF CERTIFICATION:</u>	<u>ISSUING DATE:</u>	<u>GRADE VALIDITY:</u>	<u>NUMBER:</u>	<u>STATE:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PROFESSIONAL EXPERIENCES:** (Teachers with less than two years experience, include practicing teaching assignments)

<u>DATES:</u>	<u>SCHOOL &amp; ADDRESS:</u>	<u>SUBJECT MATTER:</u>	<u>YEARS:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION:**

<u>DATES:</u>	<u>SCHOOL &amp; ADDRESS:</u>	<u>DIPLOMA / DEGREES:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SERVICE:**

DATES:

BRANCH:

TYPE OF DISCHARGE:

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

**PROFESSIONAL ORGANIZATIONS:**

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

A. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

B. WAS AN INVESTIGATION CONDUCTED OR PENDING AT TIME OF SEPARATION FROM PRIOR EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL FELONY OR MISDEMEANOR?

\_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

D.. N.Y.S. EDUCATION LAW REQUIRES FINGERPRINTING AND CLEARANCE FOR EMPLOYMENT.

1. HAVE YOU SUBMITTED FINGERPRINTS TO THE STATE EDUCATION DEPARTMENT FOR CLEARANCE?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. HAVE YOU RECEIVED CLEARANCE FOR EMPLOYMENT FROM THE STATE EDUCATION DEPARTMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

**REFERENCES:**

NAME:

POSITION:

ADDRESS:

HOME #:

WORK #:

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

ANY ADDITIONAL STATEMENTS CONCERNING YOUR APPLICATION MAY BE MADE ON A SEPARATE SHEET.

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**CANDIDATE'S AFFIDAVIT**

*I certify that the information given in this application is correct. I understand that making a false statement on this application or withholding information pertinent to my candidacy, constitutes grounds for dismissal.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_