

Port Byron Central School District  
30 Maple Avenue  
Port Byron, NY 13140

## INSTRUCTIONAL POSITION - SUBSTITUTE

Date \_\_\_\_\_

Last Name		First	Middle	Maiden
Present Address _____ ( ) _____				
Street	City	Zip	Telephone	
Daytime Phone ( ) _____	At Present Address Until _____			
Permanent Address _____ ( ) _____				
Street	City	Zip	Telephone	

### CERTIFICATION

Certification for teaching in New York State: Provisional \_\_\_\_\_ Permanent \_\_\_\_\_

Date Issued \_\_\_\_\_ Social Security Number \_\_\_\_\_

List the grades or tenure area you are certified to teach exactly as they appear on your certificate:

Out of State Certificate (indicate State and type) \_\_\_\_\_

### POSITION DESIRED

Elementary - indicate grades \_\_\_\_\_

Secondary - indicate subject and grades \_\_\_\_\_

Date available for employment \_\_\_\_\_

All credentials, including a copy of your current New York State teaching certificate, a college placement folder or its equivalent (resume, letters of reference, evaluations of teaching performance, transcripts, etc.) should be submitted with this application. Candidate to complete the application folder in order to receive consideration for extended employment.

Applications will remain on file for a six-month period. A written request is necessary to have this application extended for an additional six months.

The Port Byron Central School District is an equal opportunity employer and fully complies with federal, state, and local laws that prohibit discrimination in employment because of race, color, religion, national origin, age, sex, marital status or physical handicap. Applications must be filled out completely and accurately and mailed to Superintendent's Office, Port Byron Central School District, 30 Maple Avenue, Port Byron, New York 13140

**EDUCATIONAL AND PROFESSIONAL PREPARATION**

High School \_\_\_\_\_  
Dates Attended \_\_\_\_\_  
Degree or Diploma \_\_\_\_\_  
Major Subject & Credit Hours \_\_\_\_\_  
Minor Subject & Credit Hours \_\_\_\_\_

College \_\_\_\_\_  
Dates Attended \_\_\_\_\_  
Degree or Diploma \_\_\_\_\_  
Major Subject & Credit Hours \_\_\_\_\_  
Minor Subject & Credit Hours \_\_\_\_\_

College \_\_\_\_\_  
Dates Attended \_\_\_\_\_  
Degree or Diploma \_\_\_\_\_  
Major Subject & Credit Hours \_\_\_\_\_  
Minor Subject & Credit Hours \_\_\_\_\_

Grade received in student teaching \_\_\_\_\_ GPA in Major field \_\_\_\_\_  
Cumulative college grade point average overall \_\_\_\_\_  
Present plans to seek a high degree? \_\_\_\_\_ If yes, what area? \_\_\_\_\_

**TEACHING EXPERIENCE**

Start Date \_\_\_\_\_ Leave Date \_\_\_\_\_ Number of Years \_\_\_\_\_  
Name of School & Location \_\_\_\_\_  
Nature of Work \_\_\_\_\_  
\_\_\_\_\_

Start Date \_\_\_\_\_ Leave Date \_\_\_\_\_ Number of Years \_\_\_\_\_  
Name of School & Location \_\_\_\_\_  
Nature of Work \_\_\_\_\_  
\_\_\_\_\_

Start Date \_\_\_\_\_ Leave Date \_\_\_\_\_ Number of Years \_\_\_\_\_  
Name of School & Location \_\_\_\_\_  
Nature of Work \_\_\_\_\_  
\_\_\_\_\_

## NON-TEACHING WORK EXPERIENCE

Start Date \_\_\_\_\_ Leave Date \_\_\_\_\_ Number of Years \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_  
Type of Position & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Start Date \_\_\_\_\_ Leave Date \_\_\_\_\_ Number of Years \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_  
Type of Position & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Start Date \_\_\_\_\_ Leave Date \_\_\_\_\_ Number of Years \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_  
Type of Position & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## PHYSICAL RECORD

Were you ever seriously ill or injured? \_\_\_\_\_ Details \_\_\_\_\_  
How many days of work or class did you miss last year? \_\_\_\_\_ Reasons \_\_\_\_\_

## OTHER

What professional books have you read in the past year? \_\_\_\_\_  
What professional magazines do you read regularly? \_\_\_\_\_  
What leadership positions have you held in educational organizations? \_\_\_\_\_  
In what civic and service organizations do you hold memberships? \_\_\_\_\_  
What has been your professional improvement program for the past three years? \_\_\_\_\_  
What are your plans for professional improvement in the future? \_\_\_\_\_

**APPLICANTS** with less than two years experience should answer the following:

What were your college activities (sports, clubs, music, etc.) \_\_\_\_\_  
Have you received any honors or special recognition while in college \_\_\_\_\_

ALL applicants should answer the following:

If employed, will you participate willingly in PTO and other home/school activities? \_\_\_\_\_

If employed will you accept assignments to supervisor extra-curricular activities? \_\_\_\_\_

Indicate the types of extracurricular activities you would be able to supervise \_\_\_\_\_  
\_\_\_\_\_

What is your present annual salary? \_\_\_\_\_ Acceptable Salary \_\_\_\_\_

If there is something else about yourself you would like us to be aware of, please mention them in this space. Please feel free to include any inserts or additional information that might enable us to evaluate better your background, training or abilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_  
Phone No. and Address \_\_\_\_\_  
Official Position \_\_\_\_\_

Name \_\_\_\_\_  
Phone No. and Address \_\_\_\_\_  
Official Position \_\_\_\_\_

Name \_\_\_\_\_  
Phone No. and Address \_\_\_\_\_  
Official Position \_\_\_\_\_

**STATEMENT OF APPLICANT**

I authorize the Port Byron Central School District to contact my former employers and references. I certify that the above statements are true to the best of my knowledge and I understand that the making of any false statements may be considered sufficient cause for termination of employment. I release anyone who provides information and the Port Byron Central School District from any and all liability and responsibility by reason of their so doing. I also acknowledge that commitments made on this application and/or during the interview process are valued and binding upon me if employed.

Signature \_\_\_\_\_

**OFFICE USE ONLY**

Interviewed:  
Principal \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_  
Superintendent \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_