



**SUBSTITUTE TEACHER AND
 TEACHING ASSISTANT APPLICATION**

**HOMER CENTRAL SCHOOL DISTRICT
 80 SOUTH WEST ROAD
 HOMER, NEW YORK 13077**

TELEPHONE (607) 749-1206

Substitute Application Process

1. You may submit your substitute application by leaving a copy at the High School Main Office addressed to the attention of Theodore Love, Director of Instruction. You may also submit an electronic copy via email to the attention of Lisa Miner, Office of Instruction Secretary at lminer@homercentral.org. Once your application has been received and reviewed, Lisa Miner will contact you to set up an interview.

2. Fingerprinting is required to work in New York State schools.
 - If you have been fingerprinted, please be sure to complete the OSPRA 102 (attached).
 - If you need to be fingerprinted, please check the homercentral.org website under the employment link for instructions on how to obtain the information needed to complete the application.

3. Interviews will be conducted by Theodore Love, Director of Instruction. Mr. Love is located in room 150 of the High School and can be reached at 607-749-1206.

NOTE: To be a substitute for a teacher, applicants must have at least two years of college experience.

Applicant's Name: _____

Certification or Tenure Area: _____

Date Submitted: _____

Application for: Substitute Teacher Substitute Teaching Assistant

OFFICE USE ONLY	
Cert Verified:	_____
Date Interviewed:	_____
Interviewed By:	_____
Approved for Hire:	Yes / No
Teacher	Yes / No
Teaching Asst.	Yes / No

HOMER CENTRAL SCHOOL DISTRICT
SUBSTITUTE TEACHER APPLICATION
please print or type

PERSONAL DATA

Last Name: _____ First: _____ MI: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____
 Social Security #: _____ Retirement Number: _____

1. Are you a resident of Homer Central School District? Yes No
2. Have you ever been fingerprinted for educational purposes? Yes No
3. Do you have an Access ID number from the BOCES Sub Service Calling System? Yes No
 If you do have an Access ID number, please provide that number: _____
4. When will you be available to start as a substitute in Homer CSD? _____

CERTIFICATION

New York State administrative and teaching certificates held:

Area	Control Number	CQ, Prov. Or Perm.	Date Issued	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please include copies of your certification(s).*

PROFESSIONAL PREPARATION

	Name & Location	Major	Credit Hours	Degree*
Undergraduate:	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____
	_____	_____	_____	_____

**Please include copies of your diploma(s).*

PREVIOUS EMPLOYERS

Please attach additional pages if necessary

<u>Name of Employer</u>	<u>Contact Person</u>	<u>Phone</u>	<u>Dates Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING, STUDENT TEACHING, AND SCHOOL EXPERIENCE

<u>Name of School & Location</u>	<u>Grades/Subjects Taught or Position</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY SERVICE

Branch: _____ Dates of Service: _____

Rank at Discharge: _____

Type of Discharge: _____

Have you ever received tenure as a certified teacher in New York State, yes or no? _____

If yes, name the district, tenure area and year you were granted tenure. _____

REFERENCES

List three professional references, under who you have worked, who have first-hand knowledge of your character, personality and abilities.

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HISTORICAL

- 1. Have you ever been convicted of a crime? Yes No
- 2. Have you ever had professional credentials revoked, suspended or annulled? Yes No
- 3. Have you ever been terminated from a position or resigned in lieu of termination? Yes No

If you answered yes to questions 1, 2, or 3 above, provide the specifics and an explanation for the response below. A yes answer to any of the above questions is not an absolute disqualification to employment, however, these factors combined with all other information collected through the pre-employment process will be included in the overall assessment towards a final decision.

AVAILABILITY

Please check the schools in which you are willing to work:

- Homer Elementary 8:30 am – 3:45 pm
- Homer Intermediate 8:30 am – 3:45 pm
- Homer Jr. High School 7:45 am – 2:56 pm
- Homer Sr. High School 7:50 am – 3:10 pm

Please check the days you are available to work:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please list any work restrictions or area of specialty you may have _____

I declare and affirm that the statements made on the foregoing application, including accompanying statements, are complete, true and correct. I further understand that if hired for a position, any misrepresentation or omissions may result in my termination.

Signature

Date



OSPRA 102 (1/03)

Clearance For Employment Request Form

Type or Print All Information

Office of School Personnel Review and Accountability

NYS Education Department
987 Education Building Annex
Albany, NY 12234
ph: (518) 473-2998 fax: (518) 473-8812
www.highered.nysed.gov/tcert/ospra
OSPRA@mail.nysed.gov

Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Name: (Last, First, Middle Initial)		Social Security Number:		Date of Birth: (00/00/0000)	
Mailing Address			City	State	Zip

SECTION 2

(This section MUST be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates."
- Make no other marks in the box below or the box to the right of this space.

OSPRA Processing Dates

Kelli Yacavone Homer Schools 80 West Rd Homer, NY 13077	(leave blank)	First 6 digits of BEDS code of school district, charter school or BOCES: 11-07-01
		Title of position employee will be placed in:
Signature of employer representative or fingerprint contact person:	Date:	Telephone # of fingerprint contact person: 607-749-7241

SECTION 3

1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998. .

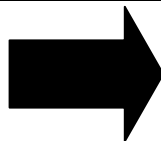
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer

Signature:

Date:

SECTION 4

Mail or fax
completed
OSPRA 102 to:



OSPRA
NYS Education Department
987 EBA
Albany, NY 12234
fax: (518) 473-8812