

# SKANEATELES CENTRAL SCHOOL DISTRICT 45 EAST ELIZABETH STREET



(315) 685-8361 Fax (315) 685-0347



# Application for Substitute Employment

Name:		Date:			
Address:		Phone:			
		 Email:			
EMPLOYMENT POSITIO	N DESIRED				
<b>Substitute Teacher</b> :					
Elementary (what grade(s))					
I. <u>Teaching Certificates Held</u> :					
Subjects	Date Issued	Date Expired	State Acquired		
II. Other Licenses/Certificates Held:					
Subjects	Date Issued	Date Expired	State Acquired		

## III. Education

Complete all of the information requested for each institution you have intended, *including* high school.

Institution	Address	Degrees/ Credits	Dates Attended

## IV. Experience in the field to which you are applying

Starting with your present position, please list your previous work experience below. Include any student teaching positions.

Organization Name	Address	Position Held	Dates Employed	Reason For Leaving

#### V. References

List below the names of three or more people we may contact. At least two of these people must be in your field. If you are currently employed, include the name of your immediate supervisor. If you are not currently employed, include the name of your most recent supervisor.

Name	Position	Business Address	Phone Number

VI. On a separate sheet of paper, please respond to the following topic: "The Role of Public Education in Preparing Students for the Future."

#### PLEASE ATTACH A CURRENT RESUME

The Skaneateles Central School District is an equal opportunity employer. SCSD does not discriminate on the basis of age, race, ethnicity, religion, creed, disability, marital status, gender, gender identity, sexual orientation, veteran status, country of origin, or any status protected by law in the educational programs and activities which it operates.