

Richard Loeschner
Superintendent of Schools
Brentwood Union Free School District
SUBSTITUTE TEACHER APPLICATION

Applicant's Last Name _____ First Name _____ Middle Init. _____

Present Address _____

Home Telephone # _____

Cell Phone # _____ E-mail address: _____

Emergency Contact Name _____ Telephone # _____

Earliest starting date _____ Days you are available to sub _____

Please state your preference as to the area(s) in which you want to sub:

Elementary _____ Secondary _____ Special Education _____

Art _____ Music _____ Physical Education _____ Bilingual/ESL _____

Do you speak a language(s) other than English? Yes No

If yes, state language and what degree of fluency? _____

*If your availability changes, **YOU ARE** responsible to contact this office.*

NOTE: *Continued refusal of assignment will result in your being placed a low priority position on the substitute list.*

ALL APPLICANTS MUST FILE THE ATTACHED I-9 FORM IN PERSON. NO SUBSTITUTE TEACHER WILL BE PLACED ON THE ACTIVE LIST WITHOUT THIS FORM.

Certification: Professional Initial Uncertified

Subject Area _____ Effective Date _____ Expiration Date _____

EFFECTIVE JULY 2, 1991, ALL PUBLIC EMPLOYEES ARE REQUIRED TO CONTRIBUTE TO SOCIAL SECURITY WHETHER OR NOT THEY ARE MEMBERS OF A RETIREMENT SYSTEM.

Signature _____ Date _____

Please note that a conviction/disciplinary record will not automatically bar employment.

Have you ever been convicted of a crime? Yes No If yes, please provide details _____

Are any criminal charges/proceedings pending against you? Yes No If yes, please provide details _____

Have you ever been discharged, had tenure refused, been asked to resign or had disciplinary action taken against you by your employer? Yes No If yes, please provide details _____

Undergraduate College/University _____

Degree _____

Graduate School _____ Degree _____

EDUCATIONAL WORK EXPERIENCE

School/Location	Position	Reason for Leaving

NON EDUCATIONAL WORK EXPERIENCE

Name, title and telephone number of current Supervisor: _____

Reason for changing present employment: _____

REFERENCES: List below 3 Professional references (e.g. Principal, Supervising Teacher, etc.), and 1 Personal reference (No family members). It is your responsibility to distribute the reference forms to the persons listed below and they must mail the forms back to the Human Resources Department (the address is listed on the top of the form).

PROFESSIONAL REFERENCES

Name	Title	Address	Phone#

PERSONAL REFERENCE

Name	Address	Phone#

I CERTIFY THAT ALL THE AFOREMENTIONED INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT FALSE OR IMCOMPLETE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR REMOVAL FROM THE SUBSTITUTE LIST REGARDLESS OF THE DATE OF DISCOVERY.

SIGNED _____ DATE _____