

**East Moriches Union Free School District
9 Adelaide Avenue
East Moriches, NY 11940**

SUBSTITUTE TEACHER APPLICATION

Name: _____ Date: _____

Address: _____
Street Town Zip Code

Telephone: _____ Social Security No. _____

College: Number of years: _____ Major(s) _____
Degree Status: Bachelors _____ Masters _____ No Degree _____

Certified: Yes _____ No _____ If yes, give certification no. _____
Area(s) of certification: _____

Are you a member of the New York State Teachers' Retirement System?
Yes _____ No _____ If yes, give retirement no. _____

Have you been fingerprinted? Yes _____ No _____ If yes, please attach notice of clearance of employment.

Please list 3 references where you have worked/taught/substitute taught. Include phone numbers.

Please attach resume.

Circle all appropriate:
I will substitute: K-4 5-8 SPEC. ED. UNIF. ARTS (Music, PE, Art)

Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Teacher Teacher Aide Grades: _____ Weekdays: _____
 Photocopy Driver's License Original Certification Original Fingerprinting
 I-9 Loyalty Oath

Signature

Comments: _____