

CORTLAND CITY SCHOOL DISTRICT

Prospective Substitute Teacher Questionnaire

Name: _____ Date: _____

Phone number: _____

Please complete the following questionnaire for our records. Your cooperation is appreciated in order for us to have the most current information available.

What is your area of certification?

- _____ Elementary What Certification? _____
- _____ Secondary What Subject/Certification? _____
- _____ Both Elementary and Secondary What Subject/Certification? _____
- _____ Not Certified

What certification do you hold?

- _____ Permanent/Professional
- _____ Provisional/Initial
- _____ Certificate of Qualification
- _____ Uncertified College Graduate
- _____ Non-College Graduate

I am willing to substitute in the following areas:

ELEMENTARY

- _____ Kindergarten
- _____ Grade 1
- _____ Grade 2
- _____ Grade 3
- _____ Grade 4
- _____ Grade 5
- _____ Grade 6
- _____ Art
- _____ Library
- _____ Music
- _____ Physical Education
- _____ Reading
- _____ Special Education
- _____ Speech

SECONDARY

- _____ Art
- _____ Business
- _____ English
- _____ Foreign Language
- _____ Health Education
- _____ Home and Careers
- _____ Library
- _____ Mathematics
- _____ Music
- _____ Physical Education
- _____ Science
- _____ Social Studies
- _____ Special Education
- _____ Speech
- _____ Technology

If there is any subject(s) and/or grade level at which you would prefer not to substitute please indicate here: _____

If there is any building(s) at which you would prefer not to substitute please indicate here: _____

Interviewed by: _____

(Administrative signature)

Tutor recommendation by admin: Y N (Circle one)

Teacher Assistant recommendation by admin: Y N (Circle one)

Last Name

First Name

Position Applied For

Date

CORTLAND CITY SCHOOL DISTRICT

1 Valley View Drive

Cortland NY 13045

Phone: (607) 758-4100

Fax: (607) 758-4128

EMPLOYMENT APPLICATION

PERMANENT ADDRESS

Street Number

City

State

Zip

LOCAL ADDRESS

Street Number

City

State

Zip

PHONE NUMBER:

Home _____

Work _____

EMAIL:

**HOW DID YOU HEAR
OF THIS VACANCY:**

PLEASE COMPLETE THE ENTIRE APPLICATION.

IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING N/A.

DO NOT WRITE, "REFER TO ACCOMPANYING RESUME."

Thank you for your inquiry about a position with Cortland City Schools.

Only complete application packets will be reviewed. To be complete, an application must include the following items:

- a) Completed Application
- b) Cover Letter
- c) Resume
- d) Certification
- e) Letters of Reference (3)/Placement File
- f) Transcript

You'll be notified if you're selected for an interview.

**Return completed application with attached resume to
the Personnel Office at the above address.**

The School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.

Equal Opportunity Employer

A. PERSONAL INFORMATION

NYS Retirement System Member? Yes No If yes, indicate number _____

Present Employer _____

Address _____

Phone _____

Position _____ Salary _____

Earliest Date Available for Employment _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes No

Have you ever been convicted of a felony or misdemeanor?* Yes No

If yes, please explain (date, location, nature of act) _____

*No applicant will be excluded from consideration for employment due to prior arrests or convictions.

B. CERTIFICATION

I hold the New York State Teaching/Administrative Certificate(s) described below: (please provide copies)

Permanent Professional Provisional Initial _____
Area Date Issued

Permanent Professional Provisional Initial _____
Area Date Issued

If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

Do you have an evaluation of your NYS certification status? Yes No (If yes, please enclose a copy)

Other licenses held; type and issuing authority _____

Have you completed a comprehensive teacher exam for certification? Yes No
(If yes, please list) _____

C. PRIOR TENURE RECORD

Have you ever received TENURE in any School District or Board of Cooperative Educational Services (BOCES) anywhere in New York State? Yes No If yes, please indicate:

Tenure area _____ Effective date _____

Name of District /BOCES _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020a? Yes No

D. EDUCATIONAL PREPARATION (Please provide copy of transcripts for any college preparation.)

Undergraduate

Name and location High School, Community College, College	Nature of Studies			GPA	Degree
	Major	Minor			

Graduate

College (Graduate Degree) Have you taken courses which have resulted in the conferring of an advanced degree? If so, summarize.	Major Specialization	Number of Credits	GPA	Degree

Miscellaneous Graduate Work: Summarize Graduate work beyond the highest degree earned or graduate work not leading to a degree. Include number of credits earned and dates of attendance.

Name and Location of College or University	Major Area	No. of Credits	GPA

Student Teaching Experience (For candidates of 3 years or less experience)

School	Address	Dates	Supervising Teacher	Grades/Subject

E. EDUCATIONAL WORK EXPERIENCE (List in Reverse Chronological Order)

If substitute teaching or part time teaching, indicate as such.

Dates: From To	Name of School District/State	Nature of Position Grade Level/Subject	Total Years	If full time, approximate annual salary

F. OTHER WORK EXPERIENCE (List in Reverse Chronological Order)

(Business, Trades, Summer Occupations - Include Military Service)

Dates: From To	Firm or Institution (include address)	Nature of Position	Relation to Full-time Work

G. REFERENCES

Enter the following information for three persons who have closely observed your work as a professional. Please start with your most recent supervisor. **DO NOT LEAVE ANY SPACE BLANK.**

Name	Title	Organization	Telephone Number

H. APPLICANT'S STATEMENT: On a separate page and in your own handwriting, please describe:

- a. Why you are interested in this particular position?
- b. What particular strengths you would bring to our district?
- c. What additional personal information would you want to be considered in the evaluation of your application, including honors received, special talents or interests, travel, publications, advanced work, etc.

IMPORTANT: I understand that the Cortland City School District will make an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the District regarding my application will be the property of the employer and will not be released to me unless required by Federal or State statutes or regulations.

I certify that the information is accurate to the best of my knowledge, that the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

Applicant's Signature _____ Date _____