

# CORTLAND CITY SCHOOL DISTRICT

## Prospective Substitute Teacher Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you currently have (or ever had) an OCM BOCES Sub Service Profile? If yes, Access ID # \_\_\_\_\_

*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)

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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**

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Street Number

City

State

Zip

**LOCAL ADDRESS**

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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 \_\_\_\_\_

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			Degree
	Major	Minor	GPA	

**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:		Name of School District/State	Nature of Position Grade Level/Subject	Total Years	FT/PT
From	To				

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

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

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

**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 \_\_\_\_\_