

**SUBSTITUTE TEACHING /TEACHING ASSISTANT  
APPLICATION  
LAKE PLACID CENTRAL SCHOOL  
50 CUMMINGS ROAD  
LAKE PLACID, NEW YORK 12946  
518-523-2475**

Date of Application: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Retirement Number: \_\_\_\_\_

Degree: \_\_\_\_\_ College/Univ: \_\_\_\_\_ Year: \_\_\_\_\_

Advanced Degree: \_\_\_\_\_ College/Univ: \_\_\_\_\_ Year: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CERTIFICATION HELD:** (if applicable)

State: \_\_\_\_\_ Permanent: \_\_\_\_\_ Provisional: \_\_\_\_\_ Initial: \_\_\_\_\_ Professional \_\_\_\_\_ Other \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Area of Certification: \_\_\_\_\_

A copy of your New York State Certification must accompany this application. We also require **OFFICIAL TRANSCRIPTS**. Because of the new SAVE Legislation, you will also be required to be fingerprinted. We can do the fingerprinting in the Administrative Services Center located behind the high school. The State requires a money order, payable to the New York State Education Department, in the amount of \$94.25. **PRIOR TO BEING PLACED ON THE SUBSTITUTE LIST, YOU MUST FILL OUT AN I'9, WITHHOLDING PAPERS AND BE FINGERPRINTED. YOU WILL NEED TWO FORMS OF IDENTIFICATION - DRIVERS LICENSE/SOCIAL SECURITY CARD/PASSPORT.**

Teaching Experience: \_\_\_\_\_

Field : \_\_\_\_\_

Areas you would like to substitute in: \_\_\_\_\_ Elementary K-5 \_\_\_\_\_ Middle School 6-8 \_\_\_\_\_ High School 9-12

Subject Areas: \_\_\_\_\_ Math \_\_\_\_\_ English \_\_\_\_\_ Social Studies \_\_\_\_\_ Science \_\_\_\_\_ French \_\_\_\_\_ Spanish \_\_\_\_\_ Technology  
\_\_\_\_\_ Music \_\_\_\_\_ Art \_\_\_\_\_ Phy. Ed. \_\_\_\_\_ Home Econ. \_\_\_\_\_ Indust. Tech. \_\_\_\_\_ Special Ed

**PERSONAL DATA**

Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of mishandling funds or of criminal conduct? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain \_\_\_\_\_

Have you ever been terminated from a teaching position or asked to resign by a school employer? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain \_\_\_\_\_

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain \_\_\_\_\_

(Over)

References: Name, Address, Telephone Number

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WAIVER  
PUBLIC LAW 93-380

I, \_\_\_\_\_, being aware of the provisions of Public Law 93-380, "Family Educational Rights and Privacy Act of 1964," hereby affix my signature and provide a waiver of the above law's provision.

I hereby grant authorization to the Lake Placid Central School, the Personnel Department and all Administrators in the Lake Placid Central School to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporation.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluations from any assigned classroom supervising teacher.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Personnel Department of the Lake Placid Central School.
2. Any or all educational institutions I have attended to release my placement credentials on request to the Personnel Department of Lake Placid Central School.
3. My assigned classroom supervising teacher(s) to release my student teaching evaluation to the Personnel Department of the Lake Placid Central School.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

I hereby certify, that to the best of my knowledge and belief, the foregoing statements are true, correct and complete. I further understand that this application will become part of my permanent personnel file should I be employed by the Lake Placid Central School.

\_\_\_\_\_  
**Signature of Applicant**

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FOR ADMINISTRATION USE

Name of Administrator Filling Out Form \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

References checked: YES/NO (Please circle one)      ADD/DO NOT ADD to sublist (Please circle one)

Additional Comments:

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