

Substitute Application for Washington-Saratoga-Warren-Hamilton-Essex BOCES

Substitute Teacher Registry

1153 Burgoyne Avenue, Fort Edward, NY 12828

teacherregistry@wswebooces.org

Last Name First Name MI Phone Number

Address City State Zip Code

Social Security Number* *SSN Not Required on initial submission It will be once you are selected as a Substitute. E-mail Address

Education (Please check all that apply): H.S. A.S. B.A. M.A. Degree/Total Credit Hours

For Office Use ONLY

Select From The Following List of Districts

<input type="checkbox"/> Argyle	<input type="checkbox"/> Fort Edward	<input type="checkbox"/> Hadley - Luzerne	<input type="checkbox"/> Salem	<input type="checkbox"/> Whitehall
<input type="checkbox"/> Ballston Spa	<input type="checkbox"/> Galway	<input type="checkbox"/> Hartford	<input type="checkbox"/> Saratoga Springs	<input type="checkbox"/> BOCES Hudson Falls (SAEC)
<input type="checkbox"/> Bolton	<input type="checkbox"/> Glens Falls	<input type="checkbox"/> Hudson Falls	<input type="checkbox"/> Schuylerville	<input type="checkbox"/> BOCES Saratoga (MYERS)
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Glens Falls Common	<input type="checkbox"/> Lake George	<input type="checkbox"/> South Glens Falls	
<input type="checkbox"/> Corinth	<input type="checkbox"/> Granville	<input type="checkbox"/> North Warren	<input type="checkbox"/> Stillwater	
<input type="checkbox"/> Fort Ann	<input type="checkbox"/> Greenwich	<input type="checkbox"/> Queensbury	<input type="checkbox"/> Warrensburg	

Teacher Certification:	Area/Grade Level	Type (Select in drop down menu)	Expiration Date

Retirement: Are you a member of the New York State Teacher Retirement System? (Choose Yes or No) New York State Employee Retirement (Choose Yes or No)

Are you a certified Lifeguard? If Yes, give Retirement Number

Employment History:

Have you ever been a substitute for WSWHEBOCES or applied before (Choose Yes or No) If Yes, give dates

Have you ever been hired by WSWHEBOCES as an Employee? (Choose Yes or No) If Yes, give dates

Education

Name and Address of Insitutions Attended (include high school, college, and graduate schools)	From	To	Major	Completed Credit Hours Date Degree Issued

Work History

This section must be completed, resume is not sufficient

Name of Employer (Most Recent First)	Direct Supervisor	City & State	Telephone	Position and Nature of work	From/To	Reason for Leaving

Please Explain Reasons for any gap in Employment:

Student Teaching

Name and Address of School	Cooperating Teacher	Telephone	Subject and Grade	From	To

Professional Teaching Experience

Name and Address of School	Immediate Supervisor	Telephone	Subject & Grade	From/To	Reason For Leaving

Have you Received TENURE in a School District? District TENURE Area Effective Date

Professional References

List below three past or present supervisors who have knowledge of your work performance that are not related to you

Name	Address	Phone	How Known

Please complete a brief essay describing your qualities and experiences that would qualify you to be selected as a substitute with WSWHEBOCES:

Moral Character Determination

Answer each question by Selecting "Yes" or "No." If you answer "yes" to any question, you are required to give a full explanation of your answer in the space provided below.

- A. Have you ever been dismissed, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? A. No Yes
- B. Did you ever receive a discharge from the Armed Forces of the United States, which was other than "Honorable?" B. No Yes
- C. Have you been convicted of any criminal offense in NYS or any jurisdiction outside the State? (Other than minor traffic violations) C. No Yes
- D. Do you currently have any criminal charges pending against you? D. No Yes
- E. Have you ever had an application for a teaching credential in New York or any other jurisdiction denied? E. No Yes
- F. Have you ever had a teaching credential issued in New York or any other jurisdiction revoked, suspended, or otherwise invalidated? F. No Yes
- G. Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020-a or the disciplinary provisions of any other jurisdictions? G. No Yes

1. Give a full explanation for any "yes" answer indicated above.

2. Please Attach official copies of the court record(s) including disposition of the case.

WSWHE COMPLIANCE STATEMENT

The Washington-Saratoga-Warren-Hamilton-Essex BOCES does not discriminate in its programs and activities, including employment and admission as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law. The BOCES Compliance Officers are: Donna J. Wisenburn, Director of Human Resource Services or Timothy G. Place, Deputy District Superintendent,

Washington-Saratoga-Warren-Hamilton-Essex BOCES, 1153 Burgoyne Avenue, Suite 2, Fort Edward, NY 12828.

phone: (518) 581-3310 or 746-3310,

email: dwiseburn@wswebooces.org or tplace@wswebooces.org

Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646) 428-3843, email:

OCR.NewYork@ed.gov<mailto:OCR.NewYork@ed.gov>

THE SUBSTITUTE TEACHER REGISTRY IS A SHARED PLACEMENT SERVICE OPERATED BY THE WASHINGTON-SARATOGA-WARREN-HAMILTON-ESSEX BOCES, AND AS SUCH DOES NOT ACT AS AN EMPLOYER OF SUBSTITUTES

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I acknowledge that any false or misleading information, or significant omissions, may disqualify me from further consideration for employment or be considered grounds for dismissal, if investigated and/or discovered at a later date. I authorize Washington-Saratoga-Warren-Hamilton-Essex BOCES to investigate and obtain copies of records relating to my employment history, education, and criminal history as required by the New York State Education Department. I authorize the BOCES to investigate any other information provided in connection with this application or my employment in all participating districts through the Washington-Saratoga-Warren-Hamilton-Essex BOCES Substitute Teacher Registry; I agree to cooperate in such investigation; I authorize all former employers and educational institutions to provide job-related information to the BOCES, and to any of the 31 component districts; and I release former employers and educational institutions, and the BOCES and its districts from all liability or responsibility for supplying or requesting such information as part of such an investigation.

By Checking this Box and typing your name in the box below you acknowledge that the information is true.

Applicant's Signature

Date

