CHENANGO VALLEY CENTRAL SCHOOL DISTRICT

Application

of

_____

(Your name)

Substitute Teacher and Substitute Nurse Application

Chenango Valley Central School District
Binghamton, NY 13901

Date Submitted: _____

Please return this application to:

Dr. Michelle Feyerabend
Chenango Valley Central School District
221 Chenango Bridge Road
Binghamton, New York 13901

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, national origin, or handicap. PL 90-202 prohibits discrimination because of age. The New York Human Rights Law prohibits discrimination because of sex.

The Chenango Valley Central School District does not discriminate on the basis of sex in the educational programs or activities which it operates, and it is required by Title IX of Education Amendments of 1972 not to discriminate in such manner. This policy of non-discrimination includes the following areas: recruitment and appointment of employee, employment pay and benefits, counseling services for students, access by students to educational programs, course offerings and student activities.

PERSONAL INFORMATION
(Please Print or Type)

NAME

LAST _____ FIRST _____ MIDDLE _____

PRESENT ADDRESS

STREET _____ (AREA CODE) TELEPHONE _____

CITY _____ STATE _____ ZIP CODE _____

PERMANENT ADDRESS

STREET _____ (AREA CODE) TELEPHONE _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS (IF AVAILABLE) _____

EDUCATIONAL PREPARATION

	Name and Location of School	Nature of Studies	Diploma or Degree
High School		Major	
		Minor	
Undergraduate		Major	
		Minor	
Graduate		Major	
		Minor	

CERTIFICATION

NEW YORK STATE CERTIFICATIONS: (Please list all types of certificates and status)

Certificate numbers and dates _____

Please enclose a copy of all paper format certificates issued by SED and electronic documentation from the Office of Teaching.

If pending, explain: _____

Have you ever had certifications denied, revoked or suspended? Yes _____ No_____ If yes, please explain: _____

_____

Are you a member of the New York State Teachers' Retirement System? _____

NYS Teachers' Retirement #: _____ Tier: _____

Date of Membership: _____ Social Security Number: _____

RECORD OF EXPERIENCE (Teaching)

INSTITUTION LOCATION DATES

_____

_____

_____

_____

_____

RECORD OF EXPERIENCE (Work experience other than teaching)

EMPLOYER LOCATION DATES

_____

_____

_____

_____

_____

REFERENCES

References (Provide names/addresses of at least three persons who have been your teachers or have supervised your work as a teacher):

_____

_____

_____

_____

AVAILABILITY

Date available to begin substituting: _____/_____/_____ _____
(If you are not available within a month of application date, please apply later.)

Available to substitute: **M Tu W Th F** (circle each day available)

If you are a candidate for high school teaching, list the subjects you can teach.

_____

_____

_____

OTHER INFORMATION

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

If yes, please explain _____

_____

_____

_____

_____

_____

_____

_____

I hereby acknowledge that I have been informed by **Chenango Valley School District**, my employer, that as a "teacher" not currently a member of the New York State Teachers' Retirement System who is or will be rendering less than full-time service for the _____ school year, I may, as a matter of right, join the New York State Teachers' Retirement System. I further acknowledge that I understand under present law if I elect to join the New York State Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute, pursuant to Chapter 504 of the Laws of 2009, 3.5% of my salary to the Retirement System.

If I join the System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 55 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service and rendered during the period I was not a member.

_____

Signature

_____

Date

(For Information Only)

AMENDMENT TO THE REGULATIONS OF THE COMMISSIONER OF EDUCATION

Subject: New Regulations for Substitute Teachers and
Procedures for Reporting Uncertified Substitutes

I. Repeal Subdivision 6, Section 146
II. Renumber Subdivision 7, Section 146, to be Subdivision 6
III. Enact Subdivision 146a. to read as follows:

146a. Substitute Teachers

1. Definitions: The responsibility for the employment of a regularly appointed teacher who is absent but is expected to return.

2. Responsibility: The responsibility for the employment of appropriately qualified substitutes rests with the Chief School Officer. Persons serving on a long-term basis shall have the proper certification for the position.

3. Length of Employment: There shall be three categories of substitutes as follows:

    a. Substitutes with valid teaching certificates.

        (1) Service may be rendered in any capacity, for any number of days, in any number of school districts. If employed on more than an "itinerant" basis such persons will be employed in the area for which they are certified.

    b. Substitutes without valid, certificate, but who are completing collegiate study toward certification at the rate of not less than six semester hours per year.

        (1) Service may be rendered in any capacity, for any number of days, in any number of school districts. If employed on more than an "itinerant" basis such persons will be employed in the area for which they are seeking certification.

    c. Substitutes without a valid certificate and who are not working towards certification.

        (1) Service may be rendered for no more than 40 days per school district.

Substitute Teacher Application Checklist

Required documents:

- ☐ Cover letter
- ☐ Resume
- ☐ Completed application
- ☐ Certifications (Copies of actual certificates and a printout of issued certificates from TEACH)
- ☐ Transcripts (Copies accepted with application until original transcripts are received)
- ☐ Letters of recommendation

** Applications will not be processed without required documents.