

# Honeoye Central School

## Substitute Teacher Assistant Application



Return completed application to:

Honeoye Central School

Attn: Jennifer Green

Post Office Box 170

Honeoye, NY 14471-0170

585-229-4125

Web Page: Honeoye.Org

**Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**NYS Certification Area** \_\_\_\_\_

**NYS Certification Number** \_\_\_\_\_

**Issued on** \_\_\_\_\_ **Expires On** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **NYS Teachers' Retirement #** \_\_\_\_\_

**Previous Teaching Experience:**

<u>School</u>	<u>Grade Level/ Subject</u>	<u>Inclusive Dates</u>	<u>Reference Contact Information</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Although not certified in these areas, list other areas which you would be willing to substitute:

\_\_\_\_\_

Please provide personal and professional reference contact information on the attached forms and enclose a copy of your NYS Certification if applicable.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

References should not be related to you either by blood or marriage. Please Note: We need complete information including names, addresses including street numbers and/or post office box numbers, zip codes, and phone numbers. Failure to provide requested information will result in the application being rejected.

**Personal References:**

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Name: (Mr./Mrs./Ms.)                      First    Last

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Address:                                      Street or Box Number

---

                    City                                      State    Zip

---

Telephone Number

---

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Name: (Mr./Mrs./Ms.)                      First    Last

---

Address:                                      Street or Box Number

---

                    City                                      State    Zip

---

Telephone Number

---

---

Name: (Mr./Mrs./Ms.)                      First    Last

---

Address:                                      Street or Box Number

---

                    City                                      State    Zip

---

Telephone Number

## **Professional/Work References:**

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Employer (Company)

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Phone Number

---

Contact Name

---

Phone Number

Is this a \_\_\_\_\_ work number? or \_\_\_\_\_ home number?

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Contact's position with the Company

---

Address: Street

City

State

Zip Code

Is this a business address? \_\_\_\_\_ Yes \_\_\_\_\_ No

---

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Employer (Company)

---

Phone Number

---

Contact Name

---

Phone Number

Is this a \_\_\_\_\_ work number? or \_\_\_\_\_ home number?

---

Contact's position with the Company

---

Address: Street

City

State

Zip Code

Is this a business address? \_\_\_\_\_ Yes \_\_\_\_\_ No

---

---

Employer (Company)

---

Phone Number

---

Contact Name

---

Phone Number

Is this a \_\_\_\_\_ work number? or \_\_\_\_\_ home number?

---

Contact's position with the Company

---

Address: Street

City

State

Zip Code

Is this a business address? \_\_\_\_\_ Yes \_\_\_\_\_ No