

Honeoye Central School

Substitute Teacher 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:

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

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

Address: Street or Box Number

 City State Zip

Telephone Number

Professional/Work References:

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

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