

<p>FOR OFFICE USE ONLY:</p> <p>Letter of Application _____</p> <p>References _____</p> <p>No Opening Letter _____</p> <p>Position Filled Letter _____</p>	<p>Date: _____</p> <p>Sent for _____</p> <p>Received _____</p>	<p>New York State Law Prohibits Discrimination Because of Race, Color, Creed, Nationality, Sex, Age Disability or Marital Status</p>
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**SUBSTITUTE NURSING APPLICATION FOR POSITION IN
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL**
26 Thatcher Street, Selkirk, NY 12158
(518)756-5200
Fax: (518)767-2644

Date _____ Name _____ Social Security No. _____

Present Address _____ Tel. No. _____

Permanent Address _____ Tel. No. _____
(if different from above)

NYS Teacher's Retirement No. (if applicable) _____

Present Position _____

Do you have a legal right to work in the United States? Yes _____ No _____

If not, why? _____

Have you been fingerprinted through the State Education Dept. before? Yes _____ No _____

Are you able to perform the duties of a teacher, with or without reasonable accommodations?

Yes _____ No _____

POSITION DESIRED (Please number specific areas according to preference; 1-1st choice, 2-2nd choice.)

Elementary	1 st Choice	2 nd Choice	Secondary	1 st Choice	2 nd Choice	Subjects	Substitute	1 st Choice	2 nd Choice
Primary			Jr. High				Elementary		
Int.			Sr. High				Secondary		

Other _____ Subjects _____

CERTIFICATION Are you certified Yes _____ No _____

List below all teaching certificates which you now hold, including any out of state.

STATE	TITLE	PROV.	PERM.	NUMBER	DATE ISSUED	LEVEL OR SUBJECT

List the types of any certificates for which you are working and the date you expect to receive them.

Have you received prior tenure? Yes _____ No _____

Where _____ When _____

Area _____

IN UP STATE NEW YORK'S CAPITAL DISTRICT

EDUCATIONAL AND/OR PROFESSIONAL TRAINING

Wherever space is insufficient, use last page

Name School or Institution, City & State	Major	Degree or Diploma	Date	Time Spent	Number of Credits
College(s)					
Graduate Work					

Please check appropriate box

1st yr. student
 2nd yr. student
 3rd yr. student
 4th yr. student
 Post Graduate

RECORD OF WORK EXPERIENCE

Please list in strict chronological order all work experience including present position, student and regular teaching, acquired since graduation from high school including military service.

Dates		Name & Address of Employer and/or School District and School Bldg.	Business or Grade or HS Subjects	Salary	Reason for Leaving
From	To				