

FOR OFFICE USE ONLY:      Date: \_\_\_\_\_      New York State Law Prohibits  
    Sent for      Received      Discrimination Because of Race,  
 Letter of Application      \_\_\_\_\_      \_\_\_\_\_      Color, Creed, Nationality, Sex, Age  
 References      \_\_\_\_\_      \_\_\_\_\_      Disability or Marital Status  
 No Opening Letter \_\_\_\_\_  
 Position Filled Letter \_\_\_\_\_

**SUBSTITUTE NURSING APPLICATION FOR POSITION IN  
 RAVENA-COEYMAN-SSELKIRK CENTRAL SCHOOL  
 P.O. Box 100, Ravenna, New York 12143  
 (518)756-5200  
 Fax: (518)756-4561**

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; 1-1<sup>st</sup> choice, 2-2<sup>nd</sup> choice.)

Elementary	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	Secondary	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	Subjects	Substitute	1 <sup>st</sup> Choice	2 <sup>nd</sup> 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

1<sup>st</sup> yr. student  
  2<sup>nd</sup> yr. student  
  3<sup>rd</sup> yr. student  
  4<sup>th</sup> 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				

Number of days absent past three years \_\_\_\_\_

Enumerate other experiences which may be related to teaching or from which you feel you gained something of value to teaching \_\_\_\_\_

Professional contributions (list any articles, books, etc., that you have had published. \_\_\_\_\_

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What activities, clubs or athletics did you participate in while in high school and college? \_\_\_\_\_

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Current Interests: \_\_\_\_\_

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List any awards or honors you received while in high school, college or on the job. \_\_\_\_\_

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What foreign languages do you speak? \_\_\_\_\_

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List any professional organizations of which you are a member: \_\_\_\_\_

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**REFERENCES: Give at least two references, including those who have firsthand knowledge of your character, personality, scholarship and teaching ability. Please forward two letters of recommendation to:**

**Assistant Superintendent for Instruction  
P.O. Box 100  
Ravena, NY 12143**

**References MUST be received in order for application to be processed.**

When could you come for an interview? \_\_\_\_\_

When could you start work? \_\_\_\_\_

Please write in your own handwriting a brief statement about what you feel to be the most important function of a teacher at your level. This statement may be included on this application, or you may write a separate statement and attach it to the application.


\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**