

**Please complete & return to: Superintendent of Schools**  
**MORAVIA CENTRAL SCHOOL DISTRICT**  
**P.O. Box 1189, 68 South Main Street, Moravia, New York 13118**  
**SUBSTITUTE TEACHER/TEACHING ASSISTANT**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Area Code/Phone Number \_\_\_\_\_  
City & State Zip Code

Social Security Number \_\_\_\_\_

Teacher Certification Number & Area \_\_\_\_\_

Areas of Substitution Desired \_\_\_\_\_

**Education:**

Name	Location	Major	Minor	Degree/ Diploma	Date Attended
High School					xxxxxxxxxx xxxxxxxxxx

College/University \_\_\_\_\_  
\_\_\_\_\_

**Work Experience (include any teaching experience):**

From Month/Year	To	School Name	Supervisor's Name	Address	Position Held
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** Give at least four references, including administrators or supervisors under whom you have taught, and who have first-hand knowledge of your character, personality, scholarship and teaching ability. Do not list any relatives.

Name of Person	Title/Position	Address & Phone Number	Your Relationship w/ this person
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIRMATION:** I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print any other names by which you are or have been known.