

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
Email address _____

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.