

FALLSBURG CENTRAL SCHOOL DISTRICT

Ivan Katz, Ed. D., Superintendent of Schools

PO Box 124, 115 Brickman Road

Fallsburg, NY 12733

Voice: 845-434-6800 Fax: 845-434-8346

Web: www.fallsburgcsd.net

APPLICATION FOR SUBSTITUTE POSITION

Position:				Grade Level:				
Name:								
	(Last)	(First)	(M.I.)					
Mailing Address:								
City:			State:			Zip:		
Street Address:								
City:			State:			Zip:		
Phone: Area Code:			Number:					
Cell Phone: Area Code:			Number:					
Email Address:								

In order for you to receive further consideration, each teaching application must be accompanied by a copy of the candidate's certification for the position for which he/she is applying. Such certification must be currently valid. Applicants who have just completed a course of study which satisfies New York State certification requirements but have not yet received the certificate may submit the Letter of Endorsement from the institution at which the requirements for the New York State Certification were completed.

PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY AND RETURN IT TO:

**Superintendent of Schools
Fallsburg Central School District
PO Box 124
Fallsburg, New York 12733**

OFFICE USE ONLY

Withholding Forms (Fed. & State)	Check if Received	NOTES
Retirement Form (Decline or Register)		
Fingerprinted? Yes No (Form 101 or 102)	Date:	
I 9 w/ID's Everified?		
Emergency Form		

PREPARE TODAY * SUCCEED TOMORROW * INSPIRE EXCELLENCE * CHALLENGE THE WORLD

Fallsburg Jr./Sr. High School
PO Box 124
115 Brickman Road
Fallsburg, NY 12733
Voice: 845-434-6800
Fax: 845-434-0168

Benjamin Cosor Elementary School
PO Box 123
15 Old Falls Road
Fallsburg, NY 12733
Voice: 845-434-4110
Fax: 845-434-0871

Guidance Office
PO Box 124
115 Brickman Road
Fallsburg, NY 12733
Voice: 845-434-6124
Fax: 845-436-0207

Pupil Personnel Services
PO Box 124
115 Brickman Road
Fallsburg, NY 12733
Voice: 845-434-0467
Fax: 845-434-8346

Revised 4/2021

EDUCATION:

Have you graduated from high school? Yes _____ No _____ If no, what grade did you complete? _____

If yes, Name and Location of High School: _____

If you have a high school equivalency diploma, indicate issuing Governmental Agency: _____

Name	Number	Date of Issue
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UNDERGRADUATE EDUCATION: *list in chronological order*

HS/College/University	Location	Major	Degree/Dipl.

GRADUATE EDUCATION: *list in chronological order, all graduate level course work taken after receipt of the Baccalaureate Degree. Add an extra page if you need it.*

College/University	Location	Major	Credits	Degree

MANDATED CLASSES/COURSES <i>(provide copy of certificate, if available)</i>	DATE TAKEN	PLACE TAKEN
Bloodborne Pathogens - 3 hours		
Bloodborne Pathogens Refresher - ½ hr.		
SAVE (School Violence) Training - 2 hours		

TEACHING CERTIFICATION: *List each currently valid teaching certificate you now possess. "Type" refers to provisional, permanent, initial, professional, and transitional.*

Subject Area/Grade Level	Type	NY?	Other State	Effective Date	Expir. Date	Certificate Number	Copy Enclosed?

TENURE RECORD: *List below information regarding tenured appointments which you have held in other school districts. If none, please indicate.*

School District Name & Address	Principal or Superintendent	Tenure Area	Effective Date of Tenure Appt.

Have you ever been denied tenure or dismissed from any position you have held? _____

If you answered "yes" to the previous question, use an attached 8 ½" x 11" page to explain the circumstances under which you were either dismissed or denied tenure.

COURSES (AND/OR GRADES) TAUGHT: Use * to indicate Student Teaching

Course	Grade(s)	# Years

LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following: If not currently licensed, check this box ☐.

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo/Yr)	To: (Mo/Yr)

DESCRIBE ANY ADDITIONAL TRAINING YOU HAVE RELATIVE TO THIS POSITION.

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? YES ___ NO ___

WORK EXPERIENCE: List, in reverse chronological order, all positions you have held. Attach additional paper if necessary.

From	To	Employer	Location	Position	Duties	Phone

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

IF HIRED, WHAT DATE WILL YOU BE AVAILABLE? _____

REFERENCES: List the names of at least 3 people who can give personal and professional references for you.

Name	Title	School District	Address	Phone

The applicant hereby consents that the District may contact the references listed below, and any and all other individuals and/or former employers it deems relevant to determine my qualifications for the position: ___ Yes ___ No

EXTRA-CURRICULAR PROGRAMS: List those activities and/or sports for which you have served as either an activity supervisor or coach.

Activity/Sport	Cert. in this Sport?	School District	From	To	Won	Lost	Athletic Director

List those activities and/or sports which you would be willing to advise or coach.

GENERAL QUESTIONS: If the answer is "YES" to any of the following questions, please provide additional detailed information by writing below or attaching the same to this document. (Check applicable box)	YES	NO
Have you ever been convicted of a crime? (Please note that convictions are not an automatic bar to employment.		
Have you ever served in the Armed Forces of the United States or any State Militia? If yes, give details as to dates of service and nature of duties performed.		
Have you ever been known by any other name(s)? If yes, please list all names.		
Have you ever been asked to resign from previous employment?		
Have you ever been dismissed from a position; had disciplinary charges preferred against you; or been denied or had professional licensure, or state certification revoked?		
Have you ever resigned from any employment while disciplinary action/charges were pending against you?		
Are there other aspects of your personal or professional history or prior job performance that are pertinent to your employment?		
The applicant hereby consents that the District may contact the references listed below, and any and all other individuals and/or former employers it deems relevant to determine my qualifications for the position.		
I understand that the Fallsburg Board of Education or its search firm may retain a private investigation firm to conduct a thorough check of my back ground, including an investigation of my criminal, employment, and financial history. I consent to this procedure and I will cooperate by providing the Board or the firm it retains with such personal information as may be required. In connection therewith, I agree to sign a Consumer Report Disclosure (Fair Credit Reporting Act) consent form if requested to do so.		

To comply with Federal laws (including Title IX of Education Amendments of 1972) and Section 504 of the Rehabilitation Act of 1973 and the amendments of 1974, state laws, the State Department of Education regulations concerning equal rights and opportunities and to assure their implementation, the Fallsburg Central School District declares itself to be an equal opportunity education institution and will not discriminate on the basis of race, color, natural origin, creed, religion, marital status, sex, age, sexual orientation, handicap predisposing genetic characteristic or limited English proficiency in its activities, programs or employment practices. Inquiries concerning this policy may be referred to the District's Affirmative Action Officer, C/O Fallsburg School District, PO Box 124, Fallsburg, NY 12733.

AUTHORIZATION/AFFIRMATION STATEMENT

Under penalty of perjury, I hereby affirm that the information I have given in connection with this application, or in any part of the application process, including interviews, is complete and accurate to the best of my knowledge and I understand that providing any false or misleading statements or omissions in this process, will result in my removal from further consideration for employment, will constitute grounds for withdrawal of any offer of employment or if discovered after employment begins, will constitute grounds for termination and removal from any position held.

It is understood that this application and supporting records become the property of the Fallsburg Central School District, which reserves the right to accept or reject it. I understand that this employment application will be valid for one (1) year from the date it is received. Further, I understand that I am not guaranteed employment by merely completing this application and even if I am hired by the District, this document is not to be considered a contract for employment. I further agree to observe all rules, regulations and policies of the Fallsburg Central School District should I become an employee of said District.

X

Signature of applicant

Date signed

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RELEASE AUTHORIZING CHECK OF APPLICANT'S CREDENTIALS AND REFERENCES

I, _____ [applicant's name], have applied for employment with Fallsburg Central School District (hereinafter referred to as "District") to work as _____ [job title]. I understand that in order for the District to determine my eligibility, qualifications and suitability for employment, the District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any of my former employers or educational institutions I have attended to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution I have attended. I waive ____/do not waive ____ (initial only one) my right to see any written reference or other information provided by any educational institution I attended.

I agree not to assert any claims or causes of action of any kind against the District, its agents, its employees, or any individual contacted by the District, arising out of the District's investigation. I further release and forever discharge the District, its agents, its employees, and the individuals, employers or educational institutions contacted by the District as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the District's investigation of my credentials and references. I acknowledge that the District has made no representations of any kind as to whether employment will be offered at the conclusion of the investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this ____ day of _____, 20____.

X

Applicant's Signature

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