

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
OFFICE OF HUMAN RESOURCES  
167 MYERS CORNERS ROAD, SUITE 200  
WAPPINGERS FALLS, NY 12590  
TELEPHONE: (845)298-5000 ext 115**

**SUBSTITUTE TEACHER / HOME TEACHER APPLICATION**

- \* Complete each item on this application in full in your own handwriting.
- \* **Call the Office of Human Resources and schedule an appointment to return this application in person.**  
All prospective employees of New York State public schools must undergo fingerprinting and a criminal history background check. If you have not yet been fingerprinted, your fingerprints will be taken when you return this application. Since you are responsible for \$25 of the \$94.25 fingerprinting fee, bring a check or money order for \$25 payable to Wappingers Central School District. The District pays the balance of the fee. If you have already been fingerprinted for NYS public school employment, please notify us when you call for your appointment.
- \* In order to complete an Employment Eligibility Verification form, bring the following documents with you: your driver's license **and** either an original Social Security card **or** an original or certified copy of your birth certificate.
- \* Direct Deposit is required for all substitute teachers. Please bring a voided check or preprinted deposit slip to complete the Direct Deposit form.
- \* If you are New York State certified, bring a copy of your certificate. If you have completed certification requirements but have not yet received your certificate, indicate the date you will have fulfilled certification requirements, request that your college send a letter verifying that date, and provide us with verification that you have achieved satisfactory scores on the NYS Teacher Certification Examinations if these exams are required for your certificate area, and verification that you have completed the two workshops required for NYS certification (Reporting of Child Abuse, School Violence Prevention & Intervention).
- \* If you are not certified, bring your original college diploma or original transcript(s) verifying you have completed at least 60 college credits. Do not bring photocopies of diplomas or transcripts.
- \* Applicants are evaluated based on application, professional reference checks, and an interview with a building administrator. You will be notified in writing as to whether or not your name will be placed on our substitute teacher/home teacher list.
- \* The rate of pay is \$72.00 per day for New York State certified substitutes, \$67.00 per day for uncertified substitutes, and \$27.50 per hour for New York State certified home teachers. If you are provisionally certified and your certificate expires, you will automatically be moved to the uncertified substitute teacher list and/or removed from the home teacher list until verification of permanent certification is received in the Office of Human Resources.
- \* Notify the Office of Human Resources by telephone immediately if you have a change of name, address, or telephone number. If at any time in the future you wish to have your name removed from our substitute teacher/home teacher list, you must notify the Office of Human Resources in writing.

**THE WAPPINGERS CENTRAL SCHOOL DISTRICT  
IS AN EQUAL OPPORTUNITY EMPLOYER.**

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
SUBSTITUTE TEACHER / HOME TEACHER APPLICATION**

Application for position of \_\_\_\_\_  
Substitute Teacher and/or Home Teacher

**Personal Data**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last, First, Middle

Address \_\_\_\_\_  
Street Address, City, State, Zip Code

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

If you are presently a member of (or if you are receiving a benefit from) a public retirement system in New York State, please indicate which system (Teachers, Employees, Police & Fire), your member number, and the percentage (if any) you contribute:

System \_\_\_\_\_ Member Number \_\_\_\_\_ Percentage \_\_\_\_\_

If previously employed by the District, give job title(s) and dates of employment: \_\_\_\_\_

**New York State Teaching Certificate(s)**

\_\_\_\_\_  
Provisional, Initial, Permanent or Professional      Certification Area      Effective Date

\_\_\_\_\_  
Provisional, Initial, Permanent or Professional      Certification Area      Effective Date

\_\_\_\_\_  
Provisional, Initial, Permanent or Professional      Certification Area      Effective Date

**Professional References** List three individuals who have direct knowledge of your professional ability, scholarship, and character. Do not list individuals currently employed by Wappingers Central School District or personal references.

Name & Position      Full Mailing Address      Daytime Telephone Number

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**College Education** List all colleges attended in reverse chronological order.

Dates Attended	Name and Location (City/State) of College or University	Degree Received and/or Number of Credits	Major Field(s) of Study
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____

**Professional Experience** List all professional experience in reverse chronological order.

Dates Employed	Name and Street Address of Employer/School/School District	Position, Grades and/or Subjects Taught	Indicate Full-Time, Part-time, or Student Teaching	For Personnel Office Use Only
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____

**Moral Character Determination** Answer yes or no.

Have you ever resigned from a position under threat of disciplinary charges or while disciplinary action was pending? \_\_\_\_\_

Has any disciplinary action been brought against you which resulted in your being discharged from employment? \_\_\_\_\_

Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? \_\_\_\_\_

Have you ever been convicted of any crime (felony or misdemeanor)? \_\_\_\_\_

Are you now under charges for any crime (felony or misdemeanor)? \_\_\_\_\_

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges? \_\_\_\_\_

Have you ever had a teaching credential revoked, suspended, or annulled? \_\_\_\_\_

Have proceedings ever been initiated against you pursuant to Education Law Section 3020-a? \_\_\_\_\_

If you answered "yes" to any of the questions above, provide the specifics or an explanation for the response on a separate page. None of the above circumstances represents an automatic bar to employment by the District.

**Retirement Advisory**

**If you are not presently a member of the New York State Teachers' Retirement System**, please be advised of the following: Substitute teachers in NYS public schools have the right to join the NYS Teachers' Retirement System (NYSTRS). While membership is mandatory for full-time teachers employed under annual contracts, membership is optional for teachers, such as substitutes, who render less than full-time service and/or who are not employed under annual contracts. If you elect to join, after two years of credited service you may be eligible to purchase credit for service rendered prior to your membership date. If you were previously a member of a NYS public retirement system, you may be eligible for reinstatement to the date of membership and membership tier you previously held. If you have an active membership in another NYS public retirement system, you may wish to consider transferring your membership into NYSTRS or you may choose to maintain simultaneous membership in more than one NYS public retirement system. As a member, you will be required to contribute 3% of your earnings to NYSTRS until you have achieved 10 years of membership. If you stop teaching in NYS public schools before being credited with 5 years of service in NYSTRS, you may apply for a refund of your contributions with interest. If credited with at least 5 years of service, you will be entitled to a lifetime pension at age 62 or, if credited with 10 years of service, a disability pension at an earlier age. Your beneficiary will be protected by a death benefit if you die in service after you have been credited with one year of service. You may join NYSTRS at any time. To join, call the Office of Human Resources to schedule an appointment to complete a membership application. **If you join NYSTRS through another employer, you must notify us immediately.**

**If you are retired and receiving a benefit from a New York State public employer**, please be advised you are responsible for contacting the retirement system to determine what if any impact employment by the District will have on your retirement allowance.

**Substitute Teacher Advisory**

Substitute teachers are advised of the following: You must be available between the hours of 5:30 a.m. and 10:00 a.m. on school days so that the District's substitute teacher calling service may contact you by telephone to offer you work. If your telephone is busy or if you do not answer your telephone, you will be considered unavailable for work that day.

**Signature**

I affirm that the statements made in this application and all accompanying documents are true and complete to the best of my knowledge. I authorize investigation of my employment history and all statements contained in this application and any accompanying documents. In the event of employment, I understand that false information or a deliberate omission found herein may be cause for dismissal. Furthermore, I acknowledge that I have read the Retirement Advisory and Substitute Teacher Advisory above and that I have received a copy and read the District's "Information for Substitute Teachers" booklet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date