

Peekskill City School District

Our mission is to **educate** and **empower** all students to strive for **excellence** as life-long learners who embrace **diversity** and are contributing members of a **global society**.

Administrative Services • 1031 Elm Street • Peekskill, NY 10566 • www.peekskillschools.org

SUBSTITUTE TEACHING APPLICATION

PERSONAL INFORMATION

Name				
Last	First	Mi	ddle	
Phone #	Email			
Address				
City		State	Zip	
NYS Retirement System M	Member? Yes \square No \square If yes,	please indicate #		
Have you been fingerprint	ed? Yes \square No \square			

SUBSTITUTE AREA

Check area of capability. ONLY if experienced and competent in those subjects.

YES	Subject	YES	Subject	YES	Subject Area
	Art		Social Studies		Music K-5
	Business		Special Education		Music 6-12
	Computers		Spanish		Earth Science
	Elementary		French		Physics
	English		Mathematics		Biology
	Health		Physical Education		Chemistry
	Technology		Reading		School Media Specialist

CERTIFICATES

List all teaching and administrative certificates you hold (if pending, please indicate so)

Credential	Status (e.g., pending, expired)	State	Date Expires

EDUCATIONAL RECORD

Name of School	Location of School	Diploma/Degree Earned	
High School			
Undergraduate College/University			
Graduate University			
Graduate work completed beyond the highest degree earned			

EMPLOYMENT HISTORY

List most recent experiences first

Dates From/To	Total Years	Name & Location	Position (grade level, subject)

REFERENCES

List three professional references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years. Please **do not** use relatives or personal friends as references.

Name of Reference	Position/Relationship	Email Address	Phone Number

MORAL CHARACTER

Have you ever been convicted of a crime (other than a traffic violation) or imprisoned? Yes □			
If you answered yes, please explain below:			
Applicant's Signature Date			