

**Lyons Central School District
Mission Statement**

The Lyons Central School District, including its entire staff and community, is dedicated to the education of the total student. Together, we are committed to the development of the students' academic, emotional, social and physical well-being. Our educational system supports the individual student as a whole person and affords students the opportunity to develop their potential to become productive.

SUBSTITUTE APPLICATION

For Teaching in the
Lyons Central School District
10 Clyde Road, Lyons, New York 14489

Please write legibly or type.

Date _____

Applicant's Name _____
Last Name First Name Initial

Present Address _____
Street City State Zip

Telephone # _____ Any Aliases _____

Social Security # _____ Days Available (circle) M T W R F

Building/Grade Preferred (circle) Elementary School (K-6) Middle School (7-8) High School (7-12)

I. Education

Secondary School _____ Graduation Date _____
Address _____

Undergraduate _____ Graduation Date _____
Address _____ # of credits _____
Degree _____

Graduate _____ Graduation Date _____
Address _____ # or credits _____
Degree _____

Certifications Area _____ Date Issued _____
Area _____ Date Issued _____
State Issued _____ (Please provide copies)

II. Experience

Employer _____ Started _____
Address _____ Ended _____
Salary _____

Employer _____ Started _____
Address _____ Ended _____
Salary _____

Employer _____ Started _____
Address _____ Ended _____
_____ Salary _____

III. Tenure Status

Were you ever appointed to tenure in a public school district in New York State: Yes No

If yes, Tenure Area _____ Date tenure granted _____

Name and address of school district _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law Section 3020-a?
Yes No

IV. Other information

Are you willing to be examined by a school physician prior to employment Yes No

List persons working for us who know you _____

Have you received fingerprint clearance documentation from the New York State Education Department?
Yes (See attached) No In Process

Have you been released or asked to resign from an employment position Yes No
If yes, please explain _____

Ever been found guilty of professional misconduct in any state Yes No

Are you legally eligible for employment in this country Yes No
(Upon employment, you will be asked to produce two original forms of identification)

Please list your last three residences over the last ten years

Street City State Zip Time Period

Street City State Zip Time Period

Street City State Zip Time Period

V. References - Do not state, "See resume".

Name _____ Occupation _____
Address _____ Telephone # _____

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Address _____ Telephone # _____

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Lyons Central School District is an Equal Opportunity Employer and is in compliance with Title IX, Regulations of the Education Amendment of 1972, which prohibits discrimination on the basis of sex.

Any false information provided will be grounds for disqualification/dismissal.

Applicant's Signature _____

Administrator's Signature _____ Date interviewed _____