

**VALLEY STEAM UNION FREE SCHOOL DISTRICT NO. 24
75 HORTON AVENUE
VALLEY STREAM, NEW YORK 11581**

APPLICATION – SUBSTITUTE TEACHER

**Main Office:
William L. Buck School
75 Horton Ave.
Valley Stream, NY 11581**

District #24 does not discriminate on the basis of any legally protected characteristic in its educational program or employment practices.

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TYPE OF CERTIFICATE HELD: () PERMANENT () INITIAL () PENDING () NONE
Have you ever received tenure in another district? When? _____ Where? _____

PLEASE INCLUDE A COPY OF CERTIFICATION WHEN RETURNING APPLICATION

If certified in another State, indicate which State and type of certificate held:

Grades or subjects in which you did student teaching: _____

Where did you do your student teaching: _____

In emergency situations, teachers may be employed to teach outside the area of certification for a limited time. Please indicate below if you are interested in being considered for substitute teaching in any other area:

Art _____ Library _____ Music _____ Physical Education _____ Foreign Language _____

Special Education _____ Kindergarten _____ Grades 1-3 _____ Grades 4-6 _____

PERSONAL DATA:

Social Security Number: _____

New York State Retirement Number (if applicable): _____

Are you related to anyone affiliated with the District? _____

If so, Please indicate relationship to employee: _____

Educational History (List College or University attended.)

School	Major	Dates Attended From To	Degree & Date Received

Other Relevant Training or Education

Schools or Training Program	Location	From/To	Skills Acquired

Employment History (list all employment in the last 10 years. Use back of application if additional space is needed. Give present position first.)

Date	Name & Address of Employer	Position and Supervisor	Reason for Leaving	Salary

REFERENCES

(Please list names & addresses)

REFERENCES AS TO CHARACTER (NOT RELATED TO YOU):

NAME: _____

ADDRESS: _____ **PHONE NUMBER:** _____

POSITION OR OCCUPATION: _____

NAME: _____

ADDRESS: _____ **PHONE NUMBER:** _____

POSITION OR OCCUPATION: _____

REFERENCES AS TO EXPERIENCE:

NAME: _____

ADDRESS: _____ **PHONE NUMBER:** _____

POSITION OR OCCUPATION: _____

NAME: _____

ADDRESS: _____ **PHONE NUMBER:** _____

POSITION OR OCCUPATION: _____

Are you also interested in a full-time position? _____

Are there any restrictions that you impose on yourself as far as your availability for substitute teaching is concerned? _____ please explain briefly:

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, briefly explain: _____

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application? _____ Yes _____ No

If yes, briefly explain: _____

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination or employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District.

SIGNATURE OF APPLICANT

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

SIGNATURE OF APPLICANT

TO: NEW SUBSTITUTE TEACHER

RE: SUBSTITUTE TEACHING IN VALLEY STREAM UFSD #24

Dear Substitute Teacher:

Enclosed you will find the following materials:

1. Substitute teacher application
2. A "School Procedures" sheet for our District
3. Various forms to be completed and returned to our Business Office and Payroll Department

Kindly complete these forms and return them to the William L. Buck School, 75 Horton Avenue, Valley Stream, NY 11581, Attention: Sandra Hernandez, together with a photocopy of your teaching certificate or a letter from your college indicating that you have completed all necessary requirements for certification.

If you are interested in being considered for substitute teaching in an area other than that for which you are certified, be sure to indicate this on your application.

The "School Procedures" sheet is for your use when you substitute in our District.

Effective July 1, 2001, Education Law requires a fingerprint-supported criminal background check for prospective employees. If you have not previously been fingerprinted for teacher certification or for employment, it will be necessary for you to follow the instructions in the *Nassau BOCES Forward Fingerprinting Changes* packet.

---Or---

If you have previously been fingerprinted, the District is required to obtain clearance from the New York State Education Department prior to your employment.

If you would like further information or an application for the NYS Teachers' Retirement System, please call our Business Office at 516-434-2834.

We hope you will enjoy substituting in our school district.

Sincerely,

Dr. Don Sturz
Superintendent of Schools

TO: Substitute Teachers

FROM: Business Office

RE: Procedures

This material has been prepared in an effort to acquaint you with some of our school procedures. Should any questions arise, do not hesitate to speak to the Principal of the building that you are working in.

1. Payroll Procedures-Substitute teachers are presently paid on a per diem rate of \$125.00. Since we get paid semi-monthly, (the 15th and the last day of the month) generally the salary clerk computes payment from the first to the fifteenth and the sixteenth to the thirty/thirty-first of each month for the following period. Thus, if you teach between the first and the fifteenth of any month, you will probably receive payment on the thirty/thirty-first. (Substitutes are two weeks behind; an example would be that September 16, 2018 will be the last day of work for the September 28, 2018 paycheck.) If you teach between the sixteenth and the thirty/thirty-first, you will receive payment on the fifteenth of the following month.
2. Substitutes will conform to the regulations which apply to all teachers.
3. The teacher's day begins at 8:10 A.M. In the event you are hired for a teacher who will be out for only a half day, you will be paid for only half a day.
4. Upon arrival, the substitute is to report to the Building Office and
 - a) Sign the attendance/sign in sheet.
 - b) Obtain keys for classroom from mailbox or key rack
 - c) Secure any material in teacher's mailbox; notices, attendance cards, etc.
 - d) Check with secretary re:
 - duty roster
 - procedures for reporting pupil absences, escorting pupils to Cafeteria/library/special classes/dismissal time, etc.
5. Upon completion of Item 4, the substitute is to go directly to the classroom teacher's station or department office. The teacher has been requested to keep readily available for the substitute: sub teacher folder, teaching guides, attendance cards, record book, etc. Review the plans for the day and follow them as closely as possible. Should you have any questions concerning their implementation, consult the Building Principal so alternate plans can be made. If any material is not available, check with a neighbor or a teacher of the same level.

The plan book should provide:

- a) Teaching plans
- b) Special notes, i.e. Teacher's duty assignments, etc.
- c) Schedule of special subject classes (Art, Music, Spanish, Physical Education, and Library). The substitute teacher is not required to remain with the class during special subject periods, but may find it profitable to do so.
- d) Names of children who receive special help and schedule of sessions (Remedial reading, remedial math, speech, etc.).
- e) A fire/air raid alarm chart is posted in each classroom. Acquaint yourself with the proper exit/area to be used. In the event of an alarm, take the class register with you, close the door, and when you reach the designated area, check attendance.
- f) Names (and instructions as needed) of children with specific needs or handicaps, i.e., hearing difficulty, asthmatic, epileptic, etc.

6. DO NOT LEAVE VALUABLES UNLOCKED AT ANY TIME.

7. At the end of the day, prepare a brief summary of the work covered, pupil assignments and any brief evaluative comments which you feel will be helpful to the teacher when he/she returns. This is essential so that the teacher can make any adjustment necessary. (There should be a form to fill out in the teacher's folder for these comments.) Make sure you return the keys to the office and sign out.

Dismissal time is 2:55 P.M.

**VALLEY STREAM UNION FREE SCHOool DISTRICT NO. 24
35 HORTON AVENUE –VALLEY STREAM, NEW YORK 11581-1420
PHONE 516-434-2834 – FAX 516-256-0214**

AMENDED OATH OF ALLEGIANCE

“I do hereby pledge and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge the duties of the position of _____ according to the best of my ability.”

Signed: _____

Address: _____

Date: _____

Are you a member of the retirement system? _____

If so, what is your Retirement System Number: _____

MEMO

VALLEY STREAM UFSD #24
75 HORTON AVENUE
VALLEY STREAM, NEW YORK 11581
516-434-2834

Please read the statement below, sign and return it with your application.

I hereby acknowledge that I have been informed by Valley Stream UFSD #24, my employers, that as a “teacher” currently not a member of the New York State Teachers’ Retirement System who is or will be rendering less than full-time service for the 20__/20__ school year, as a matter of right, join the New York State Teachers’ Retirement System.

I further acknowledge that I understand under present law, if I elect to join the New York State Teachers’ Retirement System I will be required to contribute, pursuant to the New York State Teachers’ Retirement percentage schedule out of my salary to said Retirement System. Furthermore, as a member of said Retirement System I will be required to contribute to Social Security.

_____ I wish to join the NYS Teachers’ Retirement System.

_____ I *do not* wish to join the NYS Teachers’ Retirement System at this time.

Signed: _____

Date: _____