

CATO-MERIDIAN CENTRAL SCHOOL

2851 RT. 370

CATO, NEW YORK 13033

Phone: (315) 626-3439

Fax: (315) 626-2888

SUBSTITUTE TEACHER APPLICATION

Date _____

Name (please print) _____

Address _____
Street/PO Box City State Zip

Home Phone _____ Cell Phone _____ Social Security # _____

Have you had your fingerprints taken? Yes _____ No _____

Do you belong to the NYS Retirement System? Yes _____ No _____

Retirement # _____ Do you wish retirement withheld? Yes _____ No _____

Training High School _____

College _____

Degree _____

Type of License _____ Major Subject _____

Minor Subject _____

Subjects qualified to teach _____

Last regular position(s) held _____ Years of Experience _____

Are you willing to be called on short notice? Yes _____ No _____

References

(Please include a **MINIMUM** of three (3) with complete addresses and phone numbers)

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

(New York State Commissioner's Regulations state that an uncertified substitute teacher may only work a total of 40 days within a given school year.)