

CATO-MERIDIAN CENTRAL SCHOOL
2851 State Route 370
CATO, NEW YORK 13033

Phone: (315) 626-3439

Fax: (315) 626-2888

TEACHING ASSISTANT APPLICATION
(Full Time or Substitute – please circle one)

Date _____

Name (Please print) _____

Address _____
Street/PO Box City State Zip

Phone _____ Social Security # _____

Have you had your fingerprints taken through NYSED TEACH? 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 (please provide official transcript) _____

Type of License _____ Major Subject _____

Minor Subject _____

Last regular positions held _____ Years of Experience _____

Professional 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.)

The Cato-Meridian Central School District is an equal opportunity employer

Revised 3/8/19