

CATO-MERIDIAN CENTRAL SCHOOL

2851 RT. 370

CATO, NEW YORK 13033

Phone: (315) 626-3439

Fax: (315) 626-2888

TEACHER ASSISTANT/TEACHER AIDE APPLICATION

(Full Time and Substitute)

Date_____

Name (Please print)_____

Address_____

Street/PO Box

City

State

Zip

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_____

Last regular positions held_____ Years of Experience_____

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.)