

**CATO-MERIDIAN CENTRAL SCHOOL
2851 STATE ROUTE 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 _____

Undergraduate Studies College _____ Major _____ Minor _____

Graduate Studies Degree Completed? Yes ___ No ___ If no, how many hours toward degree? _____

Are you a New York State Certified Teacher? Yes . No _____

If certified, please list certification(s): _____

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

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

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.)