



**Human Resources Office**

143 Hibbard Road • Horseheads, NY 14845  
(607) 739-5601, x4211 • Fax (607) 795-2425  
[www.horseheadsdistrict.com](http://www.horseheadsdistrict.com)

Dear Applicant:

Thank you for your interest in becoming a substitute teacher for the Horseheads Central School District.

The procedures for having your name placed on the substitute teacher list are as follows:

1. Complete the district application (attached).
2. Return the completed application to the Human Resources Office.
3. Your application will be reviewed by the Director of Human Resources.
4. If your application is approved, you will be notified.
5. Upon approval, you will need to make arrangements to be fingerprinted if you haven't already done so. Directions for fingerprinting are included within the application packet. Please contact Human Resources once you have completed the fingerprint process.
6. Complete new hire paperwork. **Note:** Do not complete the Teachers' Retirement Application if you do not wish to join the retirement system.
7. Return the completed forms to the Human Resources Office **in person** with identification as outlined in the I9 Form (NY State Driver's License and Social Security Card or Passport are acceptable) and your name will be placed on the agenda for approval at the next regular Board of Education meeting.
8. Once this process is complete, the Human Resources office will inform the automated substitute calling system, known as AESOP/Frontline, that you are an approved substitute and will request to have a Personal Identification Number (PIN) generated and emailed directly to you with directions to set up your account.
9. At this point, you should be ready to take assignments.

**NOTE:** Please review the "Handbook for Substitute Teachers" with important procedural information.

Thank you for your interest in our District. We look forward to seeing you!

Sincerely,

*Michelle Taft*

Human Resources Secretary  
[mitaft@horseheadsdistrict.com](mailto:mitaft@horseheadsdistrict.com)  
607-739-5601 ext. 4211

**SUBSTITUTE TEACHER POLICY**

A substitute must meet the following minimal qualifications:

1. An associate degree or higher; OR
2. Completed at least two years of Post-Secondary Education; OR
3. Have been graduated from High School and have completed a minimum of twelve college credits; OR
4. Having served and been honorably discharged from the military.
5. To substitute in grades 9-12, have either been graduated from High School for at least four years or have completed their Bachelor's degree or higher.
6. Where the District has performed a good faith search and been unable to secure substitutes as needed the Superintendent or Superintendent's designee may waive one or more of the above requirements.

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Please indicate your status below:

\_\_\_\_\_ I do not meet the minimum qualifications (see comment section below, if needed)

**OR**

I acknowledge that I am eligible to substitute for the Horseheads Central School District because I meet the following requirement(s):

\_\_\_\_\_ Have an associate degree or higher; OR

\_\_\_\_\_ Have completed at least two (2) years of Post-Secondary Education; OR

\_\_\_\_\_ Have been graduated from High School and have completed a minimum of twelve (12) college credits; OR

\_\_\_\_\_ Have served and honorably discharged from the military.

\_\_\_\_\_  
Please print name here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# SUBSTITUTE TEACHER/HOME TUTOR

## Social Security and Teachers' Retirement System

This form is to be completed by all Substitute Teachers/Home Tutors employed in the Horseheads Central School District.

1. Are you a member of the NYS Teachers' Retirement System? \_\_\_\_\_  
(Retired teachers are NOT considered members.)
2. Are you a retired teacher? \_\_\_\_\_  
If yes, educational institution retired from: \_\_\_\_\_
3. What type of degree do you hold, if any? \_\_\_\_\_
4. Are you certified? \_\_\_\_\_
5. What is your area of certification? \_\_\_\_\_

If you are a member, fill in the following:

\_\_\_\_\_ I **DO** contribute \_\_\_\_\_ % to the Teachers' Retirement System.

Teacher Retirement Number: \_\_\_\_\_

Social Security deductions will be taken if you are a member of the Retirement System.

\_\_\_\_\_ I **DO NOT** contribute to the Teachers' Retirement System.

**SUBSTITUTE INSTRUCTIONAL EMPLOYEES who are not members of TRS, please check one of the following:**

\_\_\_\_\_ I **WISH TO JOIN** the Teachers' Retirement System.

3.5% of your gross salary will be deducted for the Teachers' Retirement System. Please complete TRS application that follows.

\_\_\_\_\_ I **DO NOT** wish to join the Teachers' Retirement System at this time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #

## MESSAGE FROM THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM

Since January 1, 1986, all employees have been required by law to inform any "teacher" who is not a full-time per annum employee, such as a part-time or substitute teacher, of her/his right to elect to become a member of the Retirement System. (Membership in the System for full-time per annum teachers is mandatory and not subject to election.)

Should any employee have questions regarding membership in this System or desire further information, (s)he should be encouraged to schedule an appointment with a System representative at one of the 26 field consultation sites or telephone the Membership Department in Albany (518-447-2828).

Please complete the written acknowledgement stating you are aware of the above statements.

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I hereby acknowledge that I have been informed by Horseheads Central School District, my employer, that as a "teacher" not currently a member of the New York State Retirement System, hereinafter called TRS, who is or will be rendering less than full-time service for the \_\_\_\_\_ school year, I may, as a matter of right, join TRS. I further acknowledge that I understand, under present law, if I elect to join TRS, I must complete a retirement system application, which must be filed with the retirement system in order to be effective. As a result of joining the retirement system, I will be required to contribute, pursuant to Article 15 of the RSSL, 3.5% of my salary to the retirement system and furthermore, as a member of the retirement system, I will be required to pay FICA taxes.

If I join the system, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the system with one (1) year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 62 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

I understand if I do not join at this time, and later join TRS through another school district while still subbing for Horseheads Central School District, I must notify the school district that I have become a member. I also understand if I fail to notify the school district, I will be invoiced for the 3.5% deduction that TRS will bill the school district for my retirement account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Employment Application

## Horseheads Central School District

143 Hibbard Road • Horseheads, NY 14845 • (607) 739-5601, x4211

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The Horseheads Central School District is an equal opportunity employer. The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identify, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

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### Personal Information (Please type or print legibly)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
No. Street City State Zip

How long at this address (years/months)? \_\_\_\_\_

Previous name(s) by which you have been known in the last ten years \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position applying for \_\_\_\_\_ Salary desired \_\_\_\_\_

How did you find out about this position?

\_\_\_\_\_ Newspaper \_\_\_\_\_ Vacancy Notice \_\_\_\_\_ Other – specify: \_\_\_\_\_  
\_\_\_\_\_ Walk-in \_\_\_\_\_ Word of Mouth \_\_\_\_\_

Have you been employed previously by the Horseheads Central School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what date(s)? \_\_\_\_\_ Position(s)? \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a licensed driver? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type or class? \_\_\_\_\_

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Please do not leave any blank spaces. Your file will be complete after submitting the following: employment application, letter of interest, resume, evidence of highest education (any certification, licenses, transcripts, diplomas), and three current reference letters less than one year old.

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## **Personal Information**

1. Have you ever resigned from a position rather than face disciplinary action? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Has any disciplinary action been brought against you which resulted in your being discharged from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever been convicted of any crime (felony or misdemeanor)? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have you ever had a teaching credential revoked, suspended, or annulled? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the questions above, **provide on a separate sheet the specifics or an explanation for the response.** If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

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## **United States Military Service**

Branch of Service \_\_\_\_\_ Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_

Did you receive an honorable discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(A dishonorable discharge is not an absolute bar to employment. Other factors will affect the hiring decision).

Final rank \_\_\_\_\_ Service school(s) or special training \_\_\_\_\_

Reserve or National Guard training \_\_\_\_\_

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## **Tenure**

Have you ever been granted tenure in New York State? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School District	Tenure Area	Effective date

## **Certificate/License**

Name of Certificate/License	Number	Type (i.e., temporary, adult ed., provisional, permanent)	Date issued	State

## **Employment**

Begin with present or most recent employer. If applying for a teaching position, list grade or subject taught, including student teaching experience. **This section must be filled out completely.** If you need additional space, please continue on a separate sheet of paper. [Key: F/T = full time P/T = part time]

Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
		To:	
Job Title		Check one: F/T _____ P/T _____	
Supervisor		List salaries below:	
Reason for leaving		Starting:	
		Final:	
Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
		To:	
Job Title		Check one: F/T _____ P/T _____	
Supervisor		List salaries below:	
Reason for leaving		Starting:	
		Final:	
Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
		To:	
Job Title		Check one: F/T _____ P/T _____	
Supervisor		List salaries below:	
Reason for leaving		Starting:	
		Final:	

Summarize **special skills, qualifications, and honors** achieved from employment, education, or other experience that would advance your candidacy: \_\_\_\_\_

List any other **organizations** (professional, volunteer, community service) to which you belong which relate to your candidacy: \_\_\_\_\_

**Education**

High School \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address \_\_\_\_\_

Type of Degree, Diploma or Certificate \_\_\_\_\_

College/University \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address \_\_\_\_\_

Type of Degree, Diploma or Certificate \_\_\_\_\_

Graduate School \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address \_\_\_\_\_

Type of Degree, Diploma or Certificate \_\_\_\_\_

Special Training \_\_\_\_\_

**References**

List below three (3) professional references who have observed your work.

Name	Address	Telephone

List below two (2) references, not related to you, who may be contacted.

Name	Address	Telephone

I hereby declare that the information provided by me is true, factual, and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the Horseheads Central School District, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the Horseheads Central School District hiring process creates a contract of employment and that the Horseheads Central School District, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize the Horseheads Central School District to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends, and business associates, and others who the district, in its sole judgment, believes has relevant information. I will not make any claims against the district or persons the district may contact during the investigation of references and my application in general. I hereby release the district and such persons from any and all claims related in any way to such reference checks or investigation or my application in general.

I understand that if hired by the Horseheads Central School District, I must submit to fingerprinting and a criminal background check as required by the state SAVE legislation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## FINGERPRINTING INSTRUCTIONS

- Schedule appointments at [www.identogo.com](http://www.identogo.com) or call 877-472-6915.
  - When scheduling your appointment, you will be asked to provide a Service Code. The NYSED code for this is 14ZGR7. This tells the vendor which agency to send the fingerprint results to once the fingerprinting process is complete.

Service Code	14ZGR7
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- There is a fee, payable at your fingerprinting appointment.

\*Location: 711 Sullivan St., Elmira, NY 14901

Days/Times: Mon. – Thurs. 9:00–12:00 & 1:00-4:00

\*Location is subject to change without notice. The nearest location will be shown to you when you schedule your appointment.