

SUBSTITUTE APPLICATION PROCEDURE

The following steps are required in order to place your name on the substitute list:

- Complete the substitute application packet.
- Return completed packet to Human Resources for approval from the Director of Human Resources. Include copies of licenses/certificates if required and copies of transcripts if required.
- Your application will be reviewed by the Director of Human Resources. Once it has been approved, you will receive notification. Your name will not be placed on the active substitute list until your fingerprint clearance has been received and all tax forms, I-9, direct deposit and retirement forms are complete and returned to Human Resources.
- For substitute teaching assistants, teacher aides, and nurses your name will be added to the substitute service automated calling system. You will receive instructions on how to register, along with your PIN number, in an email directly from Frontline, our Absence Management system.
- Once this process has been completed, your name will be added to the substitute list. Substitute work is on an on-call, as needed basis.
- Your name will be placed on the next Board of Education agenda for approval.

Before the start of the next school year, you will receive a letter of **“Reasonable Assurance”** asking if you wish to continue as a substitute for the upcoming school year. Please sign the letter with your intention and return it to Human Resources before the deadline date stated. If we do not receive your letter, your name will be dropped from the substitute list.

Thank you!

FINGERPRINTING INSTRUCTIONS

- Schedule appointments at 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 of \$104.50, 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.



Horseheads Central School District

Human Resources Office

143 Hibbard Road • Horseheads, NY 14845
(607) 739-5601, x4212 • Fax (607) 795-2425

SUBSTITUTE APPLICATION - NON-INSTRUCTIONAL POSITIONS

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Social Security #: _____ Date of Birth: _____

Substitute positions (check all positions you are interested in substituting):

- | | |
|--|--|
| ☐ Bus Driver | ☐ Cleaner |
| ☐ Clerical | ☐ Food Service Helper |
| ☐ LPN (license required) | ☐ School Monitor |
| ☐ School Nurse (license required) | ☐ Teacher Aide |
| ☐ Teaching Assistant | ☐ Lifeguard |

Seasonal Positions:

- ☐ Laborer (Cleaner/Maintenance) - July & August
☐ Computer Tech (Summer Help) - July & August

List any building preferences (if any): _____

Are you interested in a permanent position? ☐ Yes ☐ No

If yes, list position(s): _____

Emergency Contact:

Name: _____ Phone: _____

cc: _____

Employment Application

Horseheads Central School District

143 Hibbard Road • Horseheads, NY 14845 • (607) 739-5601, x4211, 4212

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.

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 _____

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? _____

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.

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.

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 _____

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

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 _____