



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
607-739-5601 ext. 4211

SUBSTITUTE TEACHER POLICY

To the greatest degree possible, the Board of Education shall employ as substitute teachers who are certified by the State of New York in an approved teaching area. Except for those substitute candidates who have satisfactorily completed a student teaching assignment in the pursuit of a college degree towards the teaching profession, all substitute teachers must have graduated from high school at least four years prior to the date of hire as a substitute teacher. Additionally, a substitute must meet the following minimal qualifications:

1. An associate degree or higher; **OR**
2. Completed at least two (2) years of Post-Secondary Education; **OR**
3. Have been graduated from High School for at least four (4) years and have completed a minimum of twelve (12) college credits; **OR**
4. Having served and been honorably discharged from the military

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):

I have been out of High School for at least four (4) years, and I

_____ Have an Associate's Degree (or higher).

_____ Have completed at least two (2) years of post-secondary education.

_____ Have been graduated from High School for at least four (4) years and have completed at least twelve (12) college credit hours.

_____ Have served and honorably discharged from the military.

Please print name here

Signature

Date

Comments: _____

HORSEHEADS CENTRAL SCHOOL DISTRICT APPLICATION FOR SUBSTITUTE TEACHER

Name _____
First Last MI

Phone: _____ Email: _____

Address _____
Street State Zip

Social Security # _____ NYS Retirement # _____

Person to contact in case of emergency _____
Name Phone #

CERTIFICATION STATUS: State Type Number

(COPY _____

 REQUIRED) _____

EDUCATION: High School _____
 College/University _____

If not certified, copy of degree required

EDUCATIONAL EXPERIENCE:

<u>School</u>	<u>Grade/Subjects Taught</u>	<u>Date</u>

PROFESSIONAL REFERENCES:

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Telephone #</u>

Areas interested to Substitute: Elementary _____
 Secondary _____
 List _____
 Areas _____

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.

Additional paperwork is necessary to apply for a permanent position. Horseheads advertises all teacher openings. If you wish to be considered for an opening, you must inform the Office of Human Resources at the time of advertisement.

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.

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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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? _____

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:	
		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 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.