



**Manchester-Shortsville Central School District  
1506 State Route 21, Shortsville, NY 14548  
585-289-3964**

**SUBSTITUTE TEACHER APPLICATION**

*Please return this application to the District Office along with a copy of your certification, fingerprint clearance (if applicable), and a copy of your resume.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Certified?  No  Yes Area(s) of Certification: \_\_\_\_\_

Education: BA Degree in \_\_\_\_\_ BS Degree in \_\_\_\_\_ Masters Degree in \_\_\_\_\_

Days Available (Circle All That Apply): MON TUES WED THURS FRI

Building Preference (Circle All That Apply): Elementary (K-5) Middle (6-8) High (9-12)

Subjects You Are Willing to Teach (Check All That Apply):

- |   |   |
|---|---|
| <input type="checkbox"/> English        | <input type="checkbox"/> Business           |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Computer           |
| <input type="checkbox"/> Math           | <input type="checkbox"/> Art                |
| <input type="checkbox"/> All Science    | <input type="checkbox"/> Home & Careers     |
| <input type="checkbox"/> Biology        | <input type="checkbox"/> Music              |
| <input type="checkbox"/> Chemistry      | <input type="checkbox"/> Vocal Music        |
| <input type="checkbox"/> Physics        | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> French         | <input type="checkbox"/> Physical Ed        |
| <input type="checkbox"/> Spanish        | <input type="checkbox"/> Health             |
| <input type="checkbox"/> Reading        | <input type="checkbox"/> Special Ed         |
| <input type="checkbox"/> Library        | <input type="checkbox"/> Technology         |

Please list the names, complete mailing addresses, and telephone numbers of three work references:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been fingerprinted?  No  Yes By what organization? \_\_\_\_\_

Have you ever been convicted of a criminal violation (felony or misdemeanor)? \_\_\_\_\_

*All statements made by me on this application are true and complete. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.*

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

District Supervisor Signature		Date:
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