

HUDSON CITY SCHOOL DISTRICT

HUMAN RESOURCE OFFICE
215 HARRY HOWARD AVENUE
HUDSON, NEW YORK 12534

SUBSTITUTE/HOME INSTRUCTOR APPLICATION

Instructions: Please print, sign and return your completed application to the address provided above.

Hudson City School District will consider applicants for employment without regard to race, color, religion, age, sex (except where sex is a bona fide occupational qualification), sexual orientation, marital status, disability or veteran status.

Position Area Applied For: Substitute Teacher Substitute Teaching Assistant Substitute Nurse

Home Instructor** (***Note: NYS Teacher Certification required to be a Home Instructor.*)

I. GENERAL INFORMATION

PERSONAL INFORMATION

Last Name Click here to enter text.	First Name	Middle	Social Security Number Click here to enter text.
Home Address Click here to enter text.			Home telephone Number Click here to enter text.
City Click here to enter text.	State	Zip Code	Cell Phone Number Click here to enter text.

Are you a U. S. Citizen? Yes No If "no," what Visa do you hold? Click here to enter text.

Have you ever been convicted of a crime? Yes No If "yes," please explain: Click here to enter text.

Have you been previously employed by our school district? Yes No If "yes," Start Date/End Date Click here to enter text.

Do you have a High School Diploma or GED? Yes No

II. EDUCATIONAL PREPARATION

	SCHOOL NAME & LOCATION	No. OF YEARS COMPLETED	FIELD OF STUDY	DIPLOMA/DEGREE
2 Year College	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
4 Year College	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Graduate School	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Subject/Certification Area NY Other Click here to enter text. **Eff. Date/Exp. Date:** Click here to enter text.

Certification Number: Click here to enter text. **Type:** Click here to enter text.
(If certified, please provide copy of certification)

If Retired, From What district? Click here to enter text. **Year:** Click here to enter text.
(If retired, please provide proof of NYS teachers retirement (i.e. monthly statement, check stub, etc.))

III. FINGERPRINT CLEARANCE FOR EMPLOYMENT

HAVE YOU EVER BEEN FINGERPRINTED? Yes No If "yes," please state reason: Click here to enter text.
Click here to enter text.

Please Note:

The Schools Against Violence in Education (SAVE) Legislation requires the Commissioner of Education to conduct fingerprint supported criminal history background checks for all school personnel, including applicants for certification, in addition to all prospective employees of school districts. If you have not filed with the State Education Department for fingerprint clearance for employment, you must follow the directions on the attached Fingerprint Procedure Form.
If your fingerprints are already on file with the New York State Education Department, please complete the attached Clearance of Employment Request Form OSPRA 102.

IV. EMPLOYMENT HISTORY (Start with your present or most recent position (attach additional sheet if necessary)).

Name of Employer Click here to enter text.		Supervisor's Name and Title Click here to enter text.	
Address Click here to enter text.		Telephone Number Click here to enter text.	
City Click here to enter text.	State	Zip Code	Date of Employment (To/From) Click here to enter text.
Position Held CLICK HERE TO ENTER TEXT.	Reason For Leaving Click here to enter text.		May we contact employer? Click here to enter text.
Name of Employer Click here to enter text.		Supervisor's Name and Title Click here to enter text.	
Address Click here to enter text.		Telephone Number Click here to enter text.	
City Click here to enter text.	State	Zip Code	Dates of Employment (To/From) Click here to enter text.
Position Held Click here to enter text.	Reason For Leaving Click here to enter text.		May we contact employer? Click here to enter text.
Name of Employer Click here to enter text.		Supervisor's Name and Title Click here to enter text.	
Address Click here to enter text.		Telephone Number Click here to enter text.	
City Click here to enter text.	State	Zip Code	Dates of Employment (To/From) Click here to enter text.
Position Held Click here to enter text.	Reason For Leaving Click here to enter text.		May we contact employer? Click here to enter text.
V. REFERENCES PLEASE LIST THREE REFERENCES (please ensure addresses are complete and accurate).			
Name Click here to enter text.		Occupation/Title Click here to enter text.	
Address CLICK HERE TO ENTER TEXT.		Relationship CLICK HERE TO ENTER TEXT.	
City Click here to enter text.	State	Zip Code	Telephone Number Click here to enter text.
Name Click here to enter text.		Occupation/Title Click here to enter text.	
Address Click here to enter text.		Relationship Click here to enter text.	
City CLICK HERE TO ENTER TEXT.	State	Zip Code	Telephone Number CLICK HERE TO ENTER TEXT.
Name Click here to enter text.		Occupation/Title Click here to enter text.	
Address Click here to enter text.		Relationship Click here to enter text.	
City CLICK HERE TO ENTER TEXT.	State	Zip Code	Telephone Number CLICK HERE TO ENTER TEXT.
<p>I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.</p> <p>I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. If hired, I agree to abide by all the district's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either party. I further understand that no representation, whether oral or written by any representative or agent of the district, at any time, can constitute a contract of employment.</p> <p>I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.</p>			
Applicant's Signature Click here to enter text.			Click here to enter a date.