

SUBSTITUTE REGISTRY APPLICATION

Substitute Coordination Service - Capital Region BOCES – [518] 464-5127

PLEASE TYPE OR PRINT IN **BLACK INK** - ALL QUESTIONS MUST BE ANSWERED

PERSONAL INFORMATION

Name	_____	_____	_____
	Last	First	Middle
Address	_____		
City	_____	State _____	Zip Code _____
Telephone	_____		
Social Security No.	_____	NYS Teacher Retirement No.	_____
		Tier/Date	_____
Email address:	_____		

- Have you ever been convicted of a crime? No Yes If yes, please attach an explanation to this application.
- Have you had a Part 83 complaint registered with NYSED against you? No Yes If yes, please attach an explanation to this application.
- Were your services as a teacher ever terminated? No Yes If yes, please attach an explanation to this application.
- New York State Teaching Certificate(s) No Yes If yes, you must provide a copy
- If no, have you applied for NYS Certification? No Yes Date: _____
- Out of state certification No Yes If yes, provide copy

EDUCATIONAL PREPARATION - CERTIFICATION

(if certified, districts require a copy of your certification)

Area

Effective Date

____ <i>NYS Initial/Prov</i>	____ <i>NYS Perm/Professional</i>	_____	_____
____ <i>NYS Initial/Prov.</i>	____ <i>NYS Perm/Professional</i>	_____	_____

Name and Location of College/University/Graduate School	Major	Minor	Degree

REFERENCES You **MUST** submit 2 letters of reference **as well as** write 3 references in boxes below. **Do not** use relatives as references. Letters may be from the people listed below. If you have not worked in a school setting, list references that can attest to your ability to work with children.

Name & Position (MUST BE FILLED IN)	Present Address	Telephone

EMPLOYMENT EXPERIENCE Complete A (if applicable) and B - **Resumes not accepted!**

A. Student Teaching Supervisor	Location	Phone #	Dates ...to...
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B. Employment History: Begin with most recent. Please include student teaching placements if within the past 2 years

Supervisor Name & Company	Your Position	Phone #	Dates ...to...

NYSED FINGERPRINT INFORMATION Pursuant to SAVE Legislation substitutes are subject to fingerprint supported criminal history background checks.

My fingerprints were/will be taken for the New York State Education Department database on _____
 Date
 at _____, Capital Region BOCES has my permission to obtain clearance from NYSED.
 Location

I, _____, to the best of my knowledge

do not have pending criminal charges against me or criminal convictions in New York State or any jurisdiction outside of NYS. *

have pending criminal charges against me or criminal convictions in New York State or any jurisdiction outside of NYS. *

(List all pending criminal charges and convictions. Include the date, location and the nature of the criminal offense you were charged with or have been convicted of. Attach additional pages if necessary).

Signature

Date

*Note that a conviction record will not necessarily be a bar to employment. Factors such as age at the time of offense, date, seriousness and nature of offense and rehabilitation will be taken into account.

I hereby certify that the information supplied is true and correct. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that falsification of any part of this application constitutes cause for rejection of application or dismissal after employment.

My signature below authorizes Capital Region BOCES to obtain information regarding employment from my prior employers. I waive my right or access to any information submitted by references.

Signature

Date

DISTRICT SELECTION

- Substitute Teacher
- Home Tutor (Bethlehem, Cohoes, North Colonie & South Colonie)
- Teacher Assistant (BH-BL, BKW, BOCES, Cohoes, GI, Nisky, N Colonie, Schalmont, S Colonie, Voorh'ville)

District	Alt. Schools	High Schools	Middle Schools	Elementary Schools		
Achievement Kids Express				Pre School -K		
Berne-Knox-Westerlo		Secondary		Elementary		
Bethlehem:		High School	Middle School	Eagle Glenmont	Elsmere Slingerlands	Hamagrael
Burnt Hills-BL:		High School	O'Rourke MS	Charlton Hts	Pashley	Stevens
Cohoes:	Page Ave.	High School	Middle School	Abram Lansing	Van Schaick	Harmony Hill
Duanesburg:		Jr/Sr High School		Duanesburg Elementary		
Green Island:		Heatly School (7-12)		Grades K-6		
Guilderland:		High School	Farnsworth MS	Altamont Lynnwood	Guilderland Pine Bush	Westmere
Menands:			Grades 7-8	Grades K-6		
Mohonasen:		High School	Draper MS	Bradt Primary	Pinewood Intermediate	
Niskayuna:		High School	Iroquois MS Van Antwerp MS	Birchwood Glenclyff	Craig Hillside	Rosendale
North Colonie:	Goodrich	Shaker HS CBA	Shaker Junior HS	Blue Creek Forts Ferry Loudonville	Bought Hills Latham Ridge South Gate	
Ravena:		High School	Middle School	AW Becker	Pieter B Coeymans	
Rensselaer		Jr/Sr High School		VanRensselaer Elementary		
Schalmont:	Schonowe	High School	Middle School	Jefferson		
Schenectady:	Steinmetz	High School	Central Park SAMMS @ Steinmetz Mont Pleasant Oneida	Hamilton King Yates Zoller	Howe Lincoln Paige Woodlawn	Keane Pleasant Valley Van Corlaer
Schoharie		Jr/Sr High School		Schoharie Elementary		
Scotia –Glenville:		High School	Middle School	Glendaal School Lincoln School	Glen-Worden School Sacandaga School	
South Colonie:	CALC	High School	Lisha Kill MS Sand Creek MS	Forest Park Saddlewood	Shaker Road Roessleville	Veeder
Voorheesville:		High School	Middle School	Voorheesville Elementary		
Waterford Halfmoon				Waterford Halfmoon Elementary		
Watervliet:		Jr/Sr High School (7-12)		Watervliet Elementary		
BOCES:	CTE ESL Special Ed	School Albany/Schoharie/Mohonasen Itinerant Program Area schools		Position Teacher Teacher Teacher	TA TA TA	

WORK PREFERENCE

Levels: High School Middle School Elementary School

Will do all subjects: Yes No

I am available to sub on these days: Monday Tuesday Wednesday Thursday Friday

<u>RETIREMENT SYSTEM ELECTION NOTICE</u>		Additional information available at: www.nystrs.org
<p>I hereby acknowledge that Capital Region BOCES Substitute Registry on behalf of the above named component districts has informed me that, as a matter of right, I may join the New York State Teachers Retirement System. I further acknowledge that I understand if I elect to join the NYS Teachers' Retirement System, I must complete a Retirement System membership application that must be filed with the Retirement System in order to be effective. As a result of joining, I will be required to contribute, pursuant to Article 15 of the RSSL, 3.5% of my salary to the Retirement System.</p> <p>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 year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 55 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.</p> <p>I also 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.</p>		
<p><input type="checkbox"/> I am an active member of the NYS Teachers Retirement System</p> <p><input type="checkbox"/> I wish to join the Retirement System and have been notified that I must give the TRS application to the first district I substitute in. I must give my TRS# to all other districts where I work as soon as I receive it.</p> <p><input type="checkbox"/> I do <u>not</u> wish to join the Retirement System</p>		
<p><input type="checkbox"/> I am a retired member of NYSTRS</p>		
<p>_____ Signature REQUIRED</p>		<p>_____ Date</p>
<p>Changes in your retirement status must be reported to district payroll office where you worked and to the substitute registry</p>		

Have you had the Hepatitis B Vaccination: Yes No

If yes, Date(s) Administered 1)_____ 2)_____ 3)_____

The Albany-Schoharie-Schenectady-Saratoga BOCES and the districts participating in this service do not discriminate on the basis of race, color, national origin, creed, gender, age or disability as defined by law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. The compliance officer for Title IX and Section 504 is the Human Resources Director who is available from 8 a.m. to 4 p.m. weekdays at 900 Watervliet-Shaker Road, Albany, N.Y., 12205. The phone number is (518) 862-4910

The following is a list of expectations; failure to meet these expectations may result in removal from any school or district. Your signature below indicates that you have read and understand these expectations.

- Update all application information as changes occur.
- Send copy of certification or Teach page indicating certification issue date to sub service and to districts if this information is not included in original application.
- Complete the online HazCom course **or** attend a HazCom Right to Know Training within 90 days of approval by your 1st school district.
- Honor your job acceptances and report for work on the designated day. Last minute cancellations leave classes without teachers. Notify the Help Desk if you will be late.
- Dress appropriately as an adult role model for students.
- Review emergency plans found in classrooms. Ask for clarification in main office.
- Expect the unexpected with flexibility. Building principal has the ultimate authority in substitute placements.
- Follow the teacher’s instructions or lesson plans.
- Treat all students and adults respectfully.
- Remain in the building until the specified time or notify a secretary or administrator if you must leave the building.
- Do **not** use your cell phone or read the newspaper in the classroom.
- Do **not** text during the school day.
- Do **not** use school computers for personal use.
- Maintain a safe environment by using good classroom management techniques and knowing emergency procedures. Remain calm, avoid escalating conflicts, and refrain from physical contact. Learn school procedures for requesting help.
- Food allergies are on the rise – assume the **no food policy** in each classroom.
- Keep personal issues and beliefs to yourself. The students are not your friends, behave as the adult in charge,
- Be physically able to navigate school corridors between the end of one class and the start of another. Arrive on time for the next class.
- Notify office at end of school day: sign out, return key, and leave report for absent teacher.

When the service receives “Do Not Use (DNU)” reports from building administrators pertaining to your job performance, the service will send you a notification of removal from the school/district substitute list. Three building DNU reports will automatically remove your name from the Capital Region BOCES substitute list.

If at any time during the approval process or work as a substitute you are arrested or convicted of a crime, you must notify the substitute registry within 5 days of the incident date. Failure to report an incident in writing will automatically remove a substitute’s name from the registry system.

Capital Region BOCES reserves the right to remove you from our registry at any time.

Signature

Date