



Enlarged City School District

SUBSTITUTE TEACHER AND
TEACHING ASSISTANT APPLICATION

CORTLAND ENLARGED CITY SCHOOL DISTRICT
1 VALLEY VIEW DRIVE
CORTLAND, NY 13045

TELEPHONE: (607) 758-4102

Substitute Application Process

1. You may submit your substitute application by leaving a copy at the Kaufman Center addressed to the attention of Joseph Mack, Director of Pupil and Personnel Services. You may also submit an electronic copy via email to the attention of Ritz Hatano, Executive Secretary of Personnel, at personnel@cortlandschools.org. Once your application has been received and reviewed, Ritz Hatano will contact you to set up an interview.
2. Fingerprinting is required to work in New York State schools.
 - If you have been fingerprinted, please be sure to complete the OSPRA 102 (attached).
 - If you need to be fingerprinted, we will provide you with the instructions to do so.
3. Interviews will be conducted by Joseph Mack, Director of Pupil and Personnel Services. Mr. Mack is located at the Kaufman Center, 1 Valley View Drive, Cortland, and can be reached at (607) 758-4100.

Note: To be a substitute for a teacher, applicants must have at least two years of college experience.

Applicant's Name: _____

Certification or Tenure Area: _____

Date Submitted: _____

Application for: Substitute Teacher Substitute Teaching Assistant

OFFICE USE ONLY	
Cert. Verified:	
Date Interviewed:	
Interviewed By:	
Approved for Hire:	Yes / No
Teacher	Yes / No
Teaching Assistant	Yes / No

**CORTLAND ENLARGED CITY SCHOOL DISTRICT
SUBSTITUTE TEACHER/TEACHING ASSISTANT APPLICATION**
Please print or type

PERSONAL DATA

Last Name: _____ First: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Social Security #: _____ Retirement #: _____

- | | | |
|--|-------|----|
| 1. Are you a resident of the Cortland Enlarged City School District? | Yes | No |
| 2. Have you ever been fingerprinted by the NYS Education Department? | Yes | No |
| 3. Do you have an existing Frontline Absence Management ID? | Yes | No |
| 4. Do you have an existing TEACH account? | Yes | No |
| 5. When will you be available to start as a substitute in Cortland ECSD? | _____ | |

Certification*

New York State administrative and teaching certificates held:

Area	Control Number	CQ, Prov. or Perm.	Date Issued	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please include copies of your certification(s)*

Professional Preparation

	<u>Name/Location</u>	Major	Credit Hours	Degree*
Undergraduate:	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____
	_____	_____	_____	_____

**Please include copies of your diploma(s)*

PREVIOUS EMPLOYERS

Please attach additional pages if necessary

<u>Name of Employer</u>	<u>Contact Person</u>	<u>Phone</u>	<u>Dates Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING, STUDENT TEACHINGS, AND SCHOOL EXPERIENCE

<u>Name of School & Location</u>	<u>Grades/Subjects Taught or Position</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY SERVICE

Branch: _____ Dates of Service: _____

Rank at Discharge: _____

Type of Discharge: _____

Have you ever received tenure as a certified teacher in New York State, yes or no? _____

If yes, name the district, tenure area and year you were granted tenure. _____

References

List three professional references, under who you have worked, or who have first-hand knowledge of your character, personality and abilities

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HISTORICAL

- | | | |
|--|-----|----|
| 1. Have you ever been convicted of a crime? | Yes | No |
| 2. Have you ever had professional credentials revoked, suspended or annulled? | Yes | No |
| 3. Have you ever been terminated from a position or resigned in lieu of termination? | Yes | No |

If you answered yes to questions 1, 2, or 3 above, provide the specifics and an explanation for the response below. A yes answer to any of the above questions is not an absolute disqualification to employment, however, these factors combined with all other information collected through the pre-employment process will be included in the overall assessment towards a final decision.

AVAILABILITY

Please check the schools in which you are interested in working:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Barry Primary | <input type="checkbox"/> Smith Intermediate | <input type="checkbox"/> Randall Middle | <input type="checkbox"/> Cortland Jr. High | <input type="checkbox"/> Cortland Sr. High |
| 8:00 am - 3:15 pm | 8:00 am - 3:15 pm | 8:00 am - 3:15 pm | 7:30 am - 2:30 pm | 7:30 am - 2:30 pm |

Please check the days that you are available to work:

- | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|

Please list any work restrictions or area of specialty you may have: _____

I declare and affirm that the statements made on the foregoing application, including accompanying statements, are complete, true and correct. I further understand that if hired for a position, any misrepresentation or omissions may result in my termination.

Signature

Date



OSPRA 102
(Updated: 04/09/2024)

**Consent Form for
Clearance for Employment Request**
(To be retained by Covered School)

**Office of School Personnel Review and
Accountability (OSPRA)**
New York State Education Department
Website: <https://www.nysed.gov/educator-integrity>

******* IMPORTANT NOTICE *******

Covered Schools: The OSPRA 102 Consent Form for Clearance for Employment Request ensures that the prospective employee, who has been fingerprinted before for NYSED or NYCDOE purposes, has been provided with and reviewed the OSPRA 100 Form which includes the FBI's Privacy Act Statement. This form is to be retained by the covered school for their own records as proof of same. Do not send this form to OSPRA. All requests for clearance for employment are done through the Department's TEACH system. Covered schools must use the online TEACH system to request clearances for employment for their own prospective employees and prospective employees of their contract service providers in accordance with 8 NYCRR Part 87. Covered schools may only submit fingerprint clearance requests for prospective employees.

**Instructions
for
Applicants:**

- Please **completely** fill out sections 1 and 2 of this form which will be retained by your prospective employer. Type or print all information and sign and date at the end.

SECTION 1

Social Security Number:		Date of Birth: (mm/dd/yyyy)	Applicant's Full Name (First, Middle, Last, and Suffix if any):	
Mailing Address:				
City:	State:	Zip:	Telephone number & area code:	
Name of Covered School:			Position Applied for:	

SECTION 2

1. I am applying for Clearance for Employment in a covered school and have been fingerprinted before for New York State Education Department or New York City Education Department purposes, and I understand this form will be retained by the covered school as part of my application.
2. I have read and been provided with a copy of the "Fingerprinting Information and Instructions" (OSPRA 100 Form) issued by the State Education Department.

I have read this consent form and hereby authorize and consent for the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of a determination on a Clearance for Employment as a condition of my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Department's regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer.

Applicant Signature: _____ Date: _____

Covered School's
Fingerprint Coordinator: _____ Date: _____