

Franklin Central School  
PO Box 888, 26 Institute St.  
Franklin, NY 13775  
(607) 829-3551

SUBSTITUTE INFORMATION

DATE: \_\_\_\_\_

Return to: Superintendent

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SS# \_\_\_\_\_

Please indicate the number you can be reached between 6:30 and 7:30 AM

I am available on: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

I prefer to substitute in: Grades K-3 \_\_\_\_\_ Grades 4-6 \_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Grades 9-12 \_\_\_\_\_

I prefer to substitute in the following areas:

Kitchen Worker	Yes/No	Custodian	Yes/No
Library Clerk	Yes/No	Building Aide	Yes/No
Teacher Assistant	Yes/No	Nurse	Yes/No
Bus Driver	Yes/No	Clerical	Yes/No

High School Diploma: Yes/No

Colleges Attended: \_\_\_\_\_ Degree \_\_\_\_\_ Yr. Grad. \_\_\_\_\_

\_\_\_\_\_ Degree \_\_\_\_\_ Yr. Grad. \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Experience: \_\_\_\_\_

Have you been fingerprinted: Yes/No If yes date and place: \_\_\_\_\_

REFERENCES

1. \_\_\_\_\_

(NAME)

(ADDRESS)

2. \_\_\_\_\_

(NAME)

(ADDRESS)

Date approved by Board of Education: \_\_\_\_\_

THE SCHOOL DISTRICT DOES NOT DISCRIMINATE IN EMPLOYMENT OR IN THE EDUCATION PROGRAMS AND ACTIVITIES WHICH IT OPERATES ON THE BASIS OF SEX, RACE, OR HANDICAP IN VIOLATION OF TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENT OF 1972, OR 504 OF THE REHABILITATION ACT OF 1973.

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