

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# _____

(include number you can be reached at during the early morning hours)

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 _____

High School Diploma: Yes/No

Colleges Attended: _____ Degree _____ Yr. Grad. _____

_____ Degree _____ Yr. Grad. _____

Major Field of Preparation: _____

Minor Field(s) of Preparation: _____

Do you hold a teaching certificate? YES/NO (If yes attach copy)

Professional or Initial Date Granted: _____

Subject area or grade level of certification: _____

Are you presently employed? _____ If so, where? _____

Experience: _____

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

REFERENCES

1. _____
(NAME) (COMPLETE MAILING ADDRESS)

2. _____
(NAME) (COMPLETE MAILING ADDRESS)

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.
