



Office of Applicant Processing
65 Court Street, Brooklyn, New York 11201

APPLICATION FOR SUBSTITUTE TEACHER

Welcome to substitute teaching in the New York City public schools. We are pleased to know of your interest. Substitute Teachers provide coverage of daily teacher absences. Use this form to apply for employment as a Substitute Teacher.

The following supporting documents and fee must accompany this completed application:

- Official college transcripts (photocopies are acceptable) showing conferral of baccalaureate degree.
Substitute Teacher Tuberculosis Test Information Form completed by either your personal physician or at any New York City Department of Health station.
Substitute Teacher Reference Forms. (Two references must accompany your application in sealed envelopes).
A \$50 application fee made payable to DHR by U.S. postal money order only.

In addition, applicants must be fingerprinted at the Division of Human Resources, 65 Court Street, Room 102, Brooklyn, NY. Please bring a driver's license, social security card (or applicable INS documents) and the \$115 processing fee, made payable to NYC/DOE by money order, personal check or credit card (MC/Visa/Discover). Upon approval, an identification card ("Smart Card") and instructions for use will be issued and sent to your home address. Once your fingerprints are cleared and a substitute (per diem) certificate has been issued, you may accept teaching assignments prior to receiving your Smart Card.

Your completed application, fee and all required accompanying documents must be submitted to: Office of Substitute Employment, 65 Court Street, Room 403, Brooklyn, N.Y. 11201. Incomplete application packages will not be accepted. Once approved, you will be authorized to provide day-to-day substitute coverage.

Substitute Teachers employed more than 40 days per year:

Substitute Teachers in the State of New York who are not teacher certified are required to submit documentation of completion of at least six (6) professional education credits due by the end of August of each school year when employment as a day-to-day Substitute Teacher exceeds forty (40) days. This is required until the Substitute Teacher completes all required professional education credits needed for New York State teacher certification. Therefore, if you accept more than 40 days of employment during the school year, you must submit transcripts in August validating completion of a minimum of 6 professional education credits per year.

Unemployment Eligibility

As a Substitute Teacher, you are covered by the "reasonable assurance of employment" section of the Unemployment Insurance Law (code 590.10, 590.11) during established customary vacation (summer, winter or spring breaks) periods, and customary school closings (holidays or other closings). This means that, during these periods, the NY State Department of Labor may disqualify you from receiving/collecting unemployment insurance benefits. For more information, please call the "Reasonable Assurance Information Line," at (718) 935-4521.

Section 1: Identifying Information (Note: all information is required)

Form with fields for Last Name, First, MI, Soc. Sec. #, Address, Apt #, Telephone #, City, State, Zip, E-Mail Address, and File # (If any).

Last Name

First Initial

Soc. Sec. #  -  -

**Section 2: Certificate Information - Please Check Appropriate Box**

- Substitute Certificate to serve as a day-to-day substitute based on holding a Baccalaureate Degree
- Substitute Certificate to serve as a day-to-day or long-term substitute based on New York State certification (attach a copy)

**Section 3: Educational Preparation - List the colleges/universities attended, beginning with the most recent.**

| Colleges/Universities<br>(Include City and State) | Name Used While Attending<br>or Upon Graduation | Attendance   | Did You Graduate? | Diploma or Degrees & Dates<br>Granted M/Y |
|---|---|--|-------------------|---|
|   |   | From:<br>____/____<br>M Y<br>To:<br>____/____<br>M Y | __ Yes<br>__ No   |   |
|   |   | From:<br>____/____<br>M Y<br>To:<br>____/____<br>M Y | __ Yes<br>__ No   |   |
|   |   | From:<br>____/____<br>M Y<br>To:<br>____/____<br>M Y | __ Yes<br>__ No   |   |

**Section 4: Prior Teaching Experience - Include only full-time, paid, satisfactory regular teaching service in a day school, pre-kindergarten through grade 12, beginning with the most recent. If you have **no prior teaching experience**, please enter NONE on the first line.**

| Employer Information   | Subject and Grade Taught | Dates of Service                                     | # Days Per Week | # Wks Per Yr |
|--|--------------------------|--|-----------------|--------------|
| School: _____<br>Principal: _____<br>Street Address: _____<br>City: _____ State: _____ Zip: _____<br>Phone #: (____) _____ |                          | From:<br>____/____<br>M Y<br>To:<br>____/____<br>M Y |                 |              |
| School: _____<br>Principal: _____<br>Street Address: _____<br>City: _____ State: _____ Zip: _____<br>Phone #: (____) _____ |                          | From:<br>____/____<br>M Y<br>To:<br>____/____<br>M Y |                 |              |

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**Section 6: Background Information - Answer YES or NO to all questions.** If your answer is “YES” to any question, please use a separate sheet of paper to explain. Place the sheet in a sealed envelope, and attach it to this application. Write your name and social security number on the sheet and on the envelope, and indicate the name of the certificate for which you are applying on both. **NOTE: If you previously disclosed information on a prior application and are applying for another license or position, you must disclose it again on this application.** This includes prior convictions, unsatisfactory ratings or termination from prior employment. Any misstatement or omission on any questions may be grounds for denial or termination of license or certificate.

|   | YES | NO |
|---|-----|----|
| 1. Have you ever been convicted of, or pled “guilty”, or pled “No Contest”, to any offense in this state or elsewhere? (i.e., felonies, misdemeanors, and violations, except minor traffic infractions)       |     |    |
| 2. Are any criminal charges currently pending against you in this state or elsewhere?   |     |    |
| 3. Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?  |     |    |
| 4. Has a Family Court ever rendered a finding indicating you have abused or neglected a child? If so, on a separate sheet explain the date and nature of the finding, which court, and the name of the judge. |     |    |
| 5. Have you ever had any professional certificate or license denied, revoked, or suspended?   |     |    |
| 6. Have you ever been discharged or required to resign from any position for reasons other than a layoff due to reduction in the workforce?   |     |    |
| 7. Have charges ever been preferred against you by an employer?   |     |    |
| 7a. Were you found guilty of the charges?   |     |    |
| 8. Have you ever resigned as an alternative to facing charges or dismissal?   |     |    |
| 9. Have you ever been disqualified for employment in any civil service position?  |     |    |
| 10. Have you ever had a teaching license or certificate denied, revoked, or suspended by the NYC Department of Education because of unsatisfactory service or criminal record?                                |     |    |
| 11. Have you ever received an unsatisfactory rating in conjunction with any educational employment?   |     |    |
| 12. Have you ever been discontinued from probationary service or denied tenure as an educator?  |     |    |
| 13. Did you ever receive a discharge from military service that was issued under other than honorable circumstances?  |     |    |

**RELEASE AUTHORIZATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_ (print name), authorize the New York City Department of Education, Division of Human Resources, to contact previous employers, educational institutions, the New York State Education Department, and other agencies as related to my education, background and employment. I have also read and understand the information on the first page of this application regarding **unemployment insurance benefits** and **professional education credit requirements** if I am employed for more than 40 days per year. I further acknowledge that any information or documentation submitted as part of this application found to be fraudulent may affect my salary or my employment status with the Department of Education.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE CENTRAL OFFICE OF SUBSTITUTE EMPLOYMENT**

|  |       |       |                                     |      |
|--|-------|-------|-------------------------------------|------|
| Applicant meets minimum eligibility for a Substitute Teacher and has completed _____ of _____ professional education credits towards certification in: _____             |       |       |                                     |      |
| <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td align="center">Human Resources Assistant/Evaluator</td> <td align="center">Date</td> </tr> </table> | _____ | _____ | Human Resources Assistant/Evaluator | Date |
| _____  | _____ |       |                                     |      |
| Human Resources Assistant/Evaluator  | Date  |       |                                     |      |
| License Code: _____ List Code: _____ Nom Code: _____   |       |       |                                     |      |

Last Name

First Initial

Soc. Sec. #  -  -

**Section 4 (CONT.): Prior Teaching Experience**

|   |  |   |  |  |
|---|--|---|--|--|
| <p>School: _____<br/>         Principal: _____<br/>         Street Address: _____<br/>         City: _____ State: _____ Zip: _____<br/>         Phone #: (____) _____</p> |  | <p>From:<br/>         M / Y<br/>         To:<br/>         M / Y</p> |  |  |
| <p>School: _____<br/>         Principal: _____<br/>         Street Address: _____<br/>         City: _____ State: _____ Zip: _____<br/>         Phone #: (____) _____</p> |  | <p>From:<br/>         M / Y<br/>         To:<br/>         M / Y</p> |  |  |

**Section 5: Non-Teaching Experience** - List all prior non-teaching employment beginning with the most recent. (If necessary, please attach a separate sheet of paper delineating this experience using the same format as below. Include your name and social security number on all attached pages.)

| Employer Information   | Exact Title in Which Employed | Date(s) From - To   | Hrs Per Wk | Wks Per Yr |
|--|-------------------------------|---|------------|------------|
| <p>Name of Business: _____<br/>         Name of Supervisor: _____<br/>         Street Address: _____<br/>         City: _____ State: _____ Zip: _____<br/>         Phone #: (____) _____</p> |                               | <p>From:<br/>         M / Y<br/>         To:<br/>         M / Y</p> |            |            |
| <p>Name of Business: _____<br/>         Name of Supervisor: _____<br/>         Street Address: _____<br/>         City: _____ State: _____ Zip: _____<br/>         Phone #: (____) _____</p> |                               | <p>From:<br/>         M / Y<br/>         To:<br/>         M / Y</p> |            |            |
| <p>Name of Business: _____<br/>         Name of Supervisor: _____<br/>         Street Address: _____<br/>         City: _____ State: _____ Zip: _____<br/>         Phone #: (____) _____</p> |                               | <p>From:<br/>         M / Y<br/>         To:<br/>         M / Y</p> |            |            |
| <p>Name of Business: _____<br/>         Name of Supervisor: _____<br/>         Street Address: _____<br/>         City: _____ State: _____ Zip: _____<br/>         Phone #: (____) _____</p> |                               | <p>From:<br/>         M / Y<br/>         To:<br/>         M / Y</p> |            |            |





Office of Applicant Processing  
65 Court Street, Brooklyn, New York 11201

**REFERENCE FORM FOR SUBSTITUTE TEACHER**

**APPLICANT IDENTIFYING INFORMATION**

Applicant: \_\_\_\_\_  
First Name Middle Name Last Name

**TO APPLICANT:** All references and accompanying records become the confidential property of the Department of Education.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**REFERENCE INFORMATION: To be completed by person making the reference. Return directly to the applicant in a sealed envelope.**

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

- Do you know if the applicant has teaching experience?  Yes  No  N/A

Comments (optional): \_\_\_\_\_  
\_\_\_\_\_

- In what capacity do you know this applicant?  Employer  Teacher  Other

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

- Is there any reason this individual should not be in a classroom with children?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- For the position sought, I recommend the applicant:  Highly  Favorable  With Reservation  Not at all

- Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date



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REFERENCE FORM FOR SUBSTITUTE TEACHER

APPLICANT IDENTIFYING INFORMATION

Applicant: First Name Middle Name Last Name

TO APPLICANT: All references and accompanying records become the confidential property of the Department of Education.

Signature of Applicant: Date:

Social Security #:

REFERENCE INFORMATION: To be completed by person making the reference. Return directly to the applicant in a sealed envelope.

Name of Reference: Title:

Address of Reference:

Phone: E-Mail Address:

- Do you know if the applicant has teaching experience? Yes No N/A

Comments (optional):

- In what capacity do you know this applicant? Employer Teacher Other

Please Explain:

- Is there any reason this individual should not be in a classroom with children? Yes No

If yes, please explain:

- For the position sought, I recommend the applicant: Highly Favorable With Reservation Not at all

Additional Comments:

Signature of Reference

Title/Position

Date