



Homer Central School District – Substitute Application Process

1. You may submit your substitute application by leaving a copy at the High School Main Office addressed to the attention of Theodore Love, Director of Instruction. You may also submit an electronic copy via email to the attention of Lisa Miner, Office of Instruction Secretary at lminer@homercentral.org. Once your application has been received and reviewed, Lisa Miner 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, please check the homercentral.org website under the jobs tab for instructions on how to obtain the information needed to complete the application.

3. Interviews will be conducted by Theodore Love, Director of Instruction. Mr. Love is located in room 150 of the High School and can be reached at 607-749-1206.

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

For Office Use Only

Cert. Verified _____

Interviewed by _____

Date _____

SUBSTITUTE TEACHER APPLICATION

Homer Central School

PLEASE PRINT

Name _____ Phone _____

Mailing Address _____

E-Mail Address _____

Social Security # _____

HAVE YOU EVER BEEN FINGERPRINTED FOR EDUCATIONAL PURPOSES? ___ YES ___ NO

Do you have an access I.D. number for the BOCES Sub Calling Service? ___ Yes ___ No

If you do have an access I.D. number, please provide that number - _____

PROFESSIONAL BACKGROUND: (College attended/degree) Must be at least a senior in a 4-yr. College or hold a 4-yr. Degree to substitute teach.

College(s) _____

Degree(s) _____

If you do not have a college degree, circle highest grade completed: 1 2 3 4

_____ NYS Teacher Certification proof provided) Date Issued _____ Area _____

_____ DASA Training Complete (proof provided)

EXPERIENCE: (Full time teaching and/or as a substitute)

School	Dates	Subject/Gr. Level	FT/Sub
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please continue on reverse.

PROFESSIONAL REFERENCES: Name/Position/Address/Phone

- 1. _____
- 2. _____

CURRICULUM AREA: Please choose your preferences

Grade Level Preferences:

- | | | | |
|---------------------------------------|-----|-----------------------------------|------|
| <input type="checkbox"/> Elementary | K-2 | <input type="checkbox"/> Jr. High | 6-8 |
| <input type="checkbox"/> Intermediate | 3-5 | <input type="checkbox"/> Sr. High | 9-12 |

Subject Preferences:

Elementary and Intermediate:

Jr. High and High School:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Resource | <input type="checkbox"/> Phys. Ed. |
| <input type="checkbox"/> Art | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Music | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Library | |

- | | |
|--|------------------------------------|
| <input type="checkbox"/> ELA | <input type="checkbox"/> Math |
| <input type="checkbox"/> Science | <input type="checkbox"/> Health |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Phys. Ed. |
| <input type="checkbox"/> Resource Rm. | <input type="checkbox"/> Music |
| <input type="checkbox"/> Library | <input type="checkbox"/> Art |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Business |
| <input type="checkbox"/> Home/Career | <input type="checkbox"/> Tech. Ed. |
| <input type="checkbox"/> World Language (list) | |

Please list any areas that you do **not** want to be considered for:

Please circle availability:

Mon
 Tues
 Wed
 Thurs
 Fri
 All

Would you like be considered for a Substitute TA position as well? YES NO



Confidentiality Statement

Homer Central School District
Homer, NY 13077-0500



In my role to support the educational mission of the Homer Central School District, I understand that I may have access to School District, BOCES, or other districts' data (such as student grades, health or family information, district emergency plans, financial documents, security procedures, ... etc.).

I understand that I will only access data or information for which I have a legitimate business purpose. Accessing data is only in conjunction with my job responsibilities.

I am not to share (electronically or otherwise), reproduce, distribute, or discuss any accessible data with any person or entity not directly involved with the job responsibilities of my position.

I am not to share my access codes (network, building, phone... etc.) unless directed by my administrative supervisor. Additionally, I will not provide information to any staff members, students or the public unless directed to by my administrative supervisor on how the district network is set up, monitored, protected, or vulnerable.

If there are any doubts in this regard, I will obtain clarification and permission from my administrative supervisor.

My signature confirms that I have read and understand the above Confidentiality Statement.

_____ Signature

_____ Date

_____ Print Name

Building: High School Junior High
 Homer Elementary
 Other: _____

Intermediate
 Transportation

Support Role: Instructional Non-Instructional Other: _____

Please return completed form to the Superintendent's office



OSPRA 102 (1/03)

Clearance For Employment Request Form

Type or Print All Information

Office of School Personnel Review and Accountability
 NYS Education Department
 987 Education Building Annex
 Albany, NY 12234
 ph: (518) 473-2998 fax: (518) 473-8812
www.highered.nysed.gov/tcert/ospra
OSPRA@mail.nysed.gov

Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Name: (Last, First, Middle Initial)		Social Security Number:		Date of Birth: (00/00/0000)	
Mailing Address		City		State	Zip

SECTION 2

(This section MUST be completed by the school district, charter school or BOCES)

<ul style="list-style-type: none"> • Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES. • This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates." • Make no other marks in the box below or the box to the right of this space. 		<i>OSPRA Processing Dates</i>	
Kelli Yacavone Homer Schools 80 West Rd Homer, NY 13077		(leave blank)	First 6 digits of BEDS code of school district, charter school or BOCES: 11-07-01
		Title of position employee will be placed in:	
Signature of employer representative or fingerprint contact person:		Date:	Telephone # of fingerprint contact person:
			607-749-7241

SECTION 3

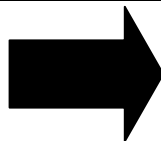
1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
 2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998. .
- I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner'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

Signature:

Date:

SECTION 4

Mail or fax completed OSPRA 102 to:



OSPRA
 NYS Education Department
 987 EBA
 Albany, NY 12234
 fax: (518) 473-8812