

**BOARD OF EDUCATION OFFICE \* 284 MAIN ST \* DANSVILLE, NY 14437 \* 585-335-4000**

**Substitute Employee Profile**

**The Dansville Central School District Substitute Calling System**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SUBJECTS: DEGREE \_\_\_\_\_ CERTIFICATION \_\_\_\_\_ MAJOR \_\_\_\_\_

1. Subjects for which you are qualified or want to substitute

<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Primary	<input type="checkbox"/> Elementary
<input type="checkbox"/> Art	<input type="checkbox"/> Library	<input type="checkbox"/> Music
<input type="checkbox"/> Physical Education	<input type="checkbox"/> Reading	<input type="checkbox"/> Special Education
<input type="checkbox"/> Gifted 3-5		
<input type="checkbox"/> English 7-12	<input type="checkbox"/> Foreign Language 7-12	<input type="checkbox"/> General Science 7-12
<input type="checkbox"/> Mathematics 7-12	<input type="checkbox"/> Social Studies 7-12	<input type="checkbox"/> Biology 9-12
<input type="checkbox"/> Chemistry 9-12	<input type="checkbox"/> Physics 9-12	<input type="checkbox"/> Earth Science 7-12
<input type="checkbox"/> Business Ed. 7-12	<input type="checkbox"/> Health 7-12	<input type="checkbox"/> Home & Careers
<input type="checkbox"/> Technology 7-12	<input type="checkbox"/> Computers 7-12	
<input type="checkbox"/> Counselor	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Speech

2. If you will work at all locations, enter "yes" here \_\_\_\_\_, then skip to (3) below.  
 Otherwise, you may check your preferences.

<u>TYPE</u>	<u>LOCATION</u>	
<input type="checkbox"/> Primary School	284 Main Street	Grades K - 2
<input type="checkbox"/> Elementary School	280 Main Street	Grades 3 - 5
<input type="checkbox"/> Middle School	31 Clara Barton Street	Grades 6 - 8
<input type="checkbox"/> High School	282 Main Street	Grades 9 - 12

3. If you are available to work all period below, enter "yes" here \_\_\_\_\_  
 If you are available part of the week, enter "yes" only by the periods you are available.

(Before Noon) Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_  
 (After Noon) Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Name: \_\_\_\_\_

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

1. DO YOU BELONG TO THE NEW YORK STATE TEACHER'S RETIREMENT SYSTEM?

\_\_\_\_\_ Yes                      If Yes: Registration # \_\_\_\_\_ Tier \_\_\_\_\_

\_\_\_\_\_ No                      If No: Do you wish to join? \_\_\_\_\_ Yes        \_\_\_\_\_ No

2. PREPARATION (Completed diplomas and degrees):

<u>Name of College</u>	<u>Dates</u>		<u>Major Field of Interest</u>	<u>Diploma or Degree</u>	<u>Date Issued</u>
	<u>From</u>	<u>To</u>			

3. CERTIFICATES ISSUED BY NEW YORK STATE:

<u>Certificate Number</u>	<u>Date Issued</u>	<u>Subject Validity</u>	<u>Time Validity</u>

4. REFERENCES

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Telephone Number</u>
1			
2			
3			