

# SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT

## Information Sheet for Instructional Positions

Persons applying for a full-time or substitute teaching position in the South Jefferson Central School District must submit the following information for consideration of their application:

1. A *letter of application* stating the type of position for which you are applying.
2. A *resume* stating education, work experience, and other pertinent information.
3. *Three letters of recommendation* from at least one previous employer and acquaintances that could attest to your ability for the position in which you are applying.
4. A copy of your *teaching certificate* or *college transcripts* (unofficial copies will be accepted for substitute positions).
5. *Application forms* (included with this form).
6. *Fingerprinting* – Fingerprinting process:

Call MorphoTrust/IDEMIA at 1-877-472-6915 to make an appointment or visit <https://uenroll.identogo.com/workflows/14ZGR7>  
Service Code for Employee: 14ZGR7  
Location: JRC, 380 Gaffney Drive, Watertown, NY  
Current Fee as of January 1, 2022: \$101.75

Please submit the above information to:

Michelle Jaques  
Secretary to the Superintendent  
South Jefferson Central School District  
P.O. Box 10  
Adams, NY 13605

-OR-

Drop off information at the District Office  
(located in the lower level of the Wilson Elementary School, Adams Center)

If you have any questions, please call 315-583-6104.



**Teacher/Substitute Teacher Professional Application**  
**South Jefferson Central School District**  
 PO Box 10, Adams, NY 13605



**Position Desired:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**U.S. Citizen:** Yes  No     **Social Security #:** \_\_\_\_\_    **NYSTRS #:** \_\_\_\_\_

Yes  No  Do you have any impairments, physical, mental, or medical, which would prevent you from performing in a reasonable manner, the activities involved in the job or occupation for which you are applying?

Yes  No  Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?

Yes  No  Did you ever resign from any employment rather than face discharge?

Yes  No  Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?

Yes  No  Have you ever been convicted of any crime(s) (felony or misdemeanor)?

Yes  No  Are you now under charges for any crime(s)?

(If you answered (YES) to any of these questions, provide full details on a separate 8.5 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide sufficient details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.)

**PROFESSIONAL TRAINING (Include High School, Colleges, and Graduate Schools)**

Name of School	Address	# of Years Attended	Major	Semester Hours	Degree

**STUDENT TEACHING OR INTERNSHIP EXPERIENCE**

Name of School	Address	Subject/Grade	Immediate Supervisor	From	To

**CERTIFICATION DETAILS**

Area/Grade Level	Type:(Prov/Perm/ Initial/Prof)	Issuing State	Date Received	Valid Until	Certificate Number

**MILITARY SERVICE**

Branch	Rank	Duties	Dates	Type of Discharge

**SPECIAL ABILITIES** (Include extra-curricular or special abilities or interests.)

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**PROFESSIONAL EXPERIENCE**

Name of School	Address & Phone No.	Subject/ Grade	Immediate Supervisor	From	To	Reason for Leaving

**OTHER WORK EXPERIENCE**

Name of Employer	Address & Phone No.	Position/Nature of Work	From	To

**In this space, list any military service experience, high school activities, family responsibilities, church or club work, or other additional experience which you care to furnish which would improve your candidacy:**

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**A candidate not officially certified by NYS should give the status, if any, of application checking one of the following:**

- Application submitted to and approved by NYS Dept. of Education – certification forthcoming.
- Application not filed. Reason: \_\_\_\_\_
- Application filed – Decision pending.
- Eligible for certification upon graduation or completion of requirements. Date eligible: \_\_\_\_\_

I affirm that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. Willful misrepresentation of any actual fact may result in dismissal of an applicant hired or retained by this school district. It may invalidate tenure rights.

\_\_\_\_\_  
(Applicant's Signature) \_\_\_\_\_  
(Date)

**CHARACTER REFERENCES** (Include people you have known for a long period of time that are not relatives.)

Name	Position	Address & Phone No.

I do (\_\_\_\_) or I do not (\_\_\_\_) authorize references to complete a confidential evaluation form to be used in the application process.

\_\_\_\_\_  
(Applicant's Signature)

The South Jefferson Central School District hereby gives notice that it does promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination on the basis of age, sex, race, creed, color, national origin, sexual orientation, disability, military status, marital status, predisposing genetic characteristics, domestic violence victim status, or criminal record in connection with employment.

SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT  
Instructional Substitute Questionnaire

Name \_\_\_\_\_ SS# \_\_\_\_\_

Any other name by which you have been known \_\_\_\_\_

Have you been employed by South Jefferson CSD previously? (Yes/No) If yes, when? \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

In Emergency, Notify \_\_\_\_\_ Telephone # \_\_\_\_\_

I (do/do not) wish to be included on the 2023-2024 substitute teacher list.

Substitute Area(s): Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

I (am/am not) certified in NY. Subject and/or grade area \_\_\_\_\_

Graduate Hours \_\_\_\_\_ Degree \_\_\_\_\_

Do you wish to be considered for full-time employment? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, please indicate full or part time \_\_\_\_\_

Are you a member of the NYS Teachers Retirement System? \_\_\_\_\_

*Very Important* - If yes, retirement number \_\_\_\_\_

When are you not available for substitute work? \_\_\_\_\_

Are you available for assignments at all schools in the District? \_\_\_\_\_

If not, explain \_\_\_\_\_

Are you available upon short notice (1 or 2 hours)? \_\_\_\_\_

If not, explain \_\_\_\_\_

Will you have any transportation problems in reporting to work? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Please list names and complete addresses for three (3) references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree to notify the Superintendent of Schools of the South Jefferson Central School District if any of the above conditions change.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date