

PLEASE COMPLETE AND RETURN THIS FORM

SUBSTITUTE QUESTIONNAIRE

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**PLEASE CHECK ONE OF THE OPTIONS BELOW:**

\_\_\_\_\_ **YES**, I am currently available and interested in employment as a substitute.

\_\_\_\_\_ **NO**, I am not interested in substituting for Laurens Central School for the 2018-19 school year.

Days Available (please check all days you are available)

Monday  Tuesday  Wednesday  Thursday  Friday

I am interested in substituting for the following position;

Teacher  Aide  Cafeteria  Transportation  Main./Cleaner  Nurse

Only available certain times of school year (Please indicate) \_\_\_\_\_

Are you registered with any other school districts for substitute employment? \_\_\_\_\_

If yes, which one(s)? \_\_\_\_\_

Do you have your NYS certification \_\_\_\_\_ Area Certified \_\_\_\_\_

Are you available on short notice? \_\_\_\_\_

Do you have fingerprint clearance as per the NYS SAVE Regulations? \_\_\_\_\_

(\*If the answer is no, you will need to contact Kim Gustafson at 432-2050 to be fingerprinted. There is a \$99.00 fee to process the fingerprint application and you will be responsible for this cost.)

I understand and agree to notify Kim Gustafson, Superintendent's Office (432-2050, Ext. 1120), if any of the above conditions change.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature