

PLEASE COMPLETE AND RETURN THIS FORM TO

Sheryl Dugan

Laurens Central School

55 Main Street

PO Box 301

Laurens, NY 13796

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 2010-11 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 Sheryl Dugan at 432-2050 to be fingerprinted. There is a \$94.25 fee to process the fingerprint application through the State of New York and you will be responsible for this cost.)

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

Date

Signature