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 for the 23-2 school year
NO, I am not interested in substituting for Laurens Central School for the 2023-24 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 Maint./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?
I understand and agree to notify Pam Weir, Superintendent's Office (607-432-2050, Ext. 1120) if any of the above conditions change.
Date Signature