



## SUBSTITUTE TEACHING /TEACHING ASSISTANT APPLICATION

LAKE PLACID CENTRAL SCHOOL  
50 CUMMINGS ROAD  
LAKE PLACID, NEW YORK 12946  
518-523-2475

**Date of Application:**

**Name:**

**Telephone No:**

**Address:**

**Social Security Number:**

**Retirement Number:**

**Degree:**

**College/Univ:**

**Year:**

**Advanced Degree**

**College/Univ:**

**Year:**

**Email Address:**

**CERTIFICATION HELD:**

State                      Type

Date Issued

Area of certification

### Teaching Experience

**Field:**

**Areas you would like to substitute in:**      Elementary K-5      Middle School 6-8      High School 9-12

**Subject Areas:**      Math      English      Social Studies      Science      French      Spanish

Technology      Music      Art      Phy. Ed.      Home Econ.      Indust. Tech.      Special Ed

### PERSONAL DATA

Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of mishandling funds or of criminal conduct?                      Yes      No

If yes, please explain

Have you ever been terminated from a teaching position or asked to resign by a school employer?                      Yes      No

If yes, please explain

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense?                      Yes      No

If yes, please explain

12/20/2023

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**References:**

Name

Email

Telephone

WAIVER  
PUBLIC LAW 93-380

I, \_\_\_\_\_, being aware of the provisions of Public Law 93-380, "Family Educational Rights and Privacy Act of 1964," hereby affix my signature and provide a waiver of the above law's provision.

I hereby grant authorization to the Lake Placid Central School, the Personnel Department and all Administrators in the Lake Placid Central School to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporation.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluations from any assigned classroom supervising teacher.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Personnel Department of the Lake Placid Central School.
2. Any or all educational institutions I have attended to release my placement credentials on request to the Personnel Department of Lake Placid Central School.
3. My assigned classroom supervising teacher(s) to release my student teaching evaluation to the Personnel Department of the Lake Placid Central School.

**Signature of Applicant**

**Date**

I hereby certify, that to the best of my knowledge and belief, the foregoing statements are true, correct and complete. I further understand that this application will become part of my permanent personnel file should I be employed by the Lake Placid Central School.

**Signature of Applicant**

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FOR ADMINISTRATION USE

Name of Administrator Filling Out Form

Date Interviewed:

References checked:

ADD

DO NOT ADD to sublist

Additional Comments: