



**East Hampton
Union Free School District**
4 Long Lane East Hampton, NY 11937
Phone: 631-329-4100
Fax: 631-324-0109
www.ehschools.org

SUBSTITUTE APPLICATION

**Substitute Position
check desired position(s)**

_____Teacher _____Paraprofessional _____Clerical _____Custodial

Name: _____
Last First Middle

Mailing Address: _____

Phone Number : _____

E-mail Address: _____

Social Security Number: _____

Preferred Subject Area: _____

Elementary School K-5 _____ Middle School 6-8 _____ High School 9-12 _____

Are you a citizen of the United States ? Yes _____ No _____

If yes, please provide passport and driver's license OR (pick two) birth certificate, social security or driver's license.

If no, please provide documentation that you are legally eligible to work in the United States.

Have you been fingerprinted through the NYS Department of Education? Yes _____ No _____
(If you have not been fingerprinted please see page 3 for more information)

Have you ever been convicted of a crime, excluding minor traffic offenses? Yes _____ No _____

Are there any criminal charges or proceedings pending against you? Yes _____ No _____
If yes, please explain on a separate piece of paper.

Retirement Information

Are you a member of the NYS Teachers or Employees Retirement System Yes _____ No _____

If yes, indicate ID Number _____

If you are not a member, would you like to become a member? Yes _____ No _____



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ACADEMIC BACKGROUND

Name of school	Location	Credits	Degree	Date

EMPLOYMENT EXPERIENCE

Name and Address of Employer	Nature of Position	Dates	Supervisor's Name and Phone Number

***(Custodial Only) Please briefly describe your skills and abilities:**

**CERTIFICATION
(Certified personnel only)**

Area of Certification	Type (e.g. Initial/Professional/Permanent)	State of Issuance



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* Certified teachers must provide a copy of their certification.

Certified Teachers Only: Would you be interested in Home Teaching for the district?

YES _____ NO _____ Preferred Subject Area _____

REFERENCES

Name	Position	Address	Telephone Number

If my application is accepted, I agree to the above conditions at the daily rate of \$150.00 for non-certified teachers/teaching assistants and \$175.00 for New York State only certified teachers. Day-to-day Substitute Clerical, Paraprofessional and Custodian/Grounds will receive a rate of \$20.00 an hour. Home Teaching will receive a rate of \$55.00 an hour.

I certify that all information contained in this application is true and correct. I further understand that any misstatement or omission of information is grounds for rejection of employment or if employed, termination from the East Hampton Union Free School District.

Date

Signature

Fingerprint Clearance: Before we can process your paperwork all perspective employees must have a fingerprint clearance through the New York State Department of Education.

Please contact Morph Trust at 877-472-6915 to schedule an appointment or go to their website: www.identogo.com.



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AN EQUAL OPPORTUNITY EMPLOYER

The East Hampton UFSD is in compliance with all State and Federal regulations and does not discriminate in its employment promotional or educational practices on the basis of sex, sexual orientation, race, ethnic background, religion, handicapping condition or age.

06/20/2019

STATE OF NEW YORK
COUNTY OF SUFFOLK

APPLICANT AFFIDAVIT

_____ being duly sworn deposes and says:
Name

1. I am an applicant for a position as a _____ in the East Hampton Union Free School District. I make the following representations as an inducement to the district to consider my (please check the applicable box)
 - Employment Application
 - Volunteer
 - Student Teacher
 - Internship
2. I have been advised and understand that New York State law requires, as part of the application process for this position, that I receive clearance for employment from the New York State Education Department.
3. I have also been advised, and further understand, New York State law requires that, as part of the clearance process, and as a condition of my employment by the district, I be fingerprinted for the purposes of a criminal history check by authorized personnel of a designated fingerprinting entity.
4. I hereby represent to the East Hampton School District that I have already caused my consent form, fingerprint cards and requisite fee to be forwarded to the New York State Education Department as part of the clearance process.
5. I hereby further represent to the East Hampton School District that (check one or more)
 - The criminal history check will reveal that I have no criminal history;
 - The criminal history check will indicate that I have been convicted of a crime;
 - The criminal history check will indicate that I have a pending criminal charges.
6. If any of my answers to number (5) are in the affirmative, I hereby provide the following details explaining my answers (include, at a minimum, the date(s) of your conviction(s) and /or charges(s); for what crime(s) you were convicted or charged; the jurisdiction(s) by which you were convicted or charged; and whether you have been issued a certificate of relief from disabilities or a certificate of good conduct with regard to the conviction(s).

7. I further understand that my completion and submission of this Affidavit is just one part of the employment application process. I further understand that even if the results of my fingerprint check confirm my representations contained in this Affidavit, the district has no obligation to employ me. Finally, I certify that my statements in this Affidavit and in any explanatory enclosures, are, to the best of my knowledge and belief, true and correct; and that any omission and/or misstatement of any material fact(s) may be cause for the district to (a) refuse to hire me; (b) revoke an offer of conditional employment; and/or (c) terminate me if I have been hired.

Print name of applicant

Date

Notarized signature of applicant

Sworn to before me this _____ day of _____ 20__

Notary Public