

Interview Date: \_\_\_\_\_  
 References: \_\_\_\_\_  
 Approved: \_\_\_\_\_

AESOP: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PEARL RIVER SCHOOL DISTRICT**  
 135 West Crooked Hill Road  
 Pearl River, NY 10965  
 (845-620-3928)

BOE DATE \_\_\_\_\_  
 Welcome Letter \_\_\_\_\_

**SUBSTITUTE TEACHING ASSISTANT APPLICATION**

**Please call one of the following phone numbers to make an appointment for interview. (High School 845-620-3803, Middle School 845-620-3873, or Elementary School 845-620-3951, 620-3816 or 620-3966) Application must be returned in person at time of interview. Identification required: Valid Driver's License with Social Security Card or Birth Certificate/ Passport. Three letters of reference required as well.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Last First M.I.

Address \_\_\_\_\_  
 Street City State Zip Code

Telephone No. \_\_\_\_\_ Email Address. \_\_\_\_\_

High School \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
 College \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

Have you ever held a valid teaching/teaching assistant certificate? (Please circle) Yes No  
 Certificate: (Please circle) Presently Valid Expired

In what state(s)? \_\_\_\_\_

Fingerprinted for NYS Clearance? Yes No

Do you belong to the NYS Teacher's Retirement System? \_\_\_\_\_ If yes, when did you join? \_\_\_\_\_ Retirement No. \_\_\_\_\_

I elect to join \_\_\_\_\_, not to join \_\_\_\_\_ the NYS Teacher's Retirement System at this time. (If election is not to join, please sign and date below.)

\_\_\_\_\_  
 Signature – election not to join TRS Date

Substitute Experience: List other schools in which you have (or are presently) substituted and name of immediate supervisor.

<u>School</u>	<u>Name of Supervisor</u>	<u>Number of Days</u>

Full Time Teaching Assistant Experience: (Please list most recent experience first)

<u>Name &amp; Location of School/Institution</u>	<u>Name of Supervisor</u>	<u>Grade &amp;/or Subject</u>	<u>Years</u>

School or Grade Preference, if any:

Elementary - All Schools	K	1	2	3	4	All
Evans Park Elementary School	K	1	2	3	4	All
Franklin Avenue Elementary School	K	1	2	3	4	All
Lincoln Avenue Elementary School	K	1	2	3	4	All

**Secondary:**

Subject Area(s)

(Please list)

Middle School (Grades 5, 6 & 7)

High School (Grades 8 - 12)

1. Have you ever been convicted of a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please state the date of conviction, court with jurisdiction, and nature of crime. Please answer a through c:

a. Date of conviction: \_\_\_\_\_

b. Court with jurisdiction: \_\_\_\_\_

c. Nature of Crime: \_\_\_\_\_

2. Have you ever been found guilty of section 3020-a of the NYS Education Law disciplinary charges?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Has there ever been a probable cause finding by a Board of Education to bring disciplinary proceedings against you pursuant to section 3020-a of the NYS Education Law?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe the resolution of the charges: \_\_\_\_\_

**By signing this application, I affirm that all of the information provided by me is true and correct to the best of my knowledge. I further understand that any knowingly made false statements may result in my immediate dismissal from employment.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The Pearl River Union Free School District does not discriminate on the basis of race, color, national origin, sex, disability, age, creed, sexual orientation, genetic predisposition or carrier status, marital status or military status in employment or its educational programs in accordance with the requirements of Title VI of the Civil Rights Act of 1964 (Title VI); Title VII of the Civil Rights Act of 1964 (Title VII); Title IX of the Education Amendments of 1973 (Title IX); Section 504 of the Rehabilitation Act (Section 504); the Americans with Disabilities Act of 1990 (the ADA); the Age Discrimination Act of 1975; the Age Discrimination In Employment Act of 1967 (the A.D.E.A.) or Section 291 of the New York State Executive Law, which prohibit discrimination on the basis of race, color, national origin, sex, disability, age, creed, sexual orientation, genetic predisposition or carrier status, marital status or military status. Any questions regarding the above should be directed to Carolyn Moffa, Director of Special Services at 845-620-3939.  
An Equal Opportunity/ADA Employer

(Office Use Only)

Revised 7/31/12