

Westhampton Beach Public Schools

340 Mill Road

Westhampton Beach, Long Island, NY 11978



Office of Personnel & Instruction

Telephone: (631) 288-3800

Fax: (631) 288-6509

Substitute Teacher Application

Date _____

Name _____

Address _____

Telephone _____ Social Security # _____

Email Address _____

PLEASE COMPLETE ALL ITEMS

1. Please check all grades which you are willing to substitute:

K _____ K-3 _____ K-6 _____ 1-3 _____ 1-6 _____

4-6 _____ 7 _____ 8 _____ 9-12 _____

2. Other than your certification area, what subjects are you willing to substitute:

3. College attended: _____

4. Degrees held: _____

5. Certification area: _____
Type of Certification held: _____
Permanent or Provisional: _____
Number/Date issued: _____

****PLEASE ENCLOSE A COPY OF YOUR CERTIFICATE****

6. Are you a member of the NYS Teacher's Retirement System? Yes _____ No _____

If so, list your number _____ Date of Membership _____

7. Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain: _____

PROFESSIONAL REFERENCES

Name/Relationship	Title/Phone Number
_____	_____
_____	_____

Upon completion of this application, please mail to:

The Office of Personnel and Instruction
340 Mill Road
Westhampton Beach, New York 11978

An equal opportunity/affirmative action employer, Westhampton Beach Public Schools are in full accord with Title IX of the Educational Amendments of 1972.

