Substitute Application for Washington-Saratoga-Warren-Hamilton-Essex BOCES Substitute Teacher Registry 267 Ballard Road, Wilton NY 12831

	teacherregist	ry@wswheboces.org		
Last Name	First Name	MI	Phone Number	
Address	City		State Zip Code	
Social Security Number*		E-mail Address		
Education (Please check all that apply):	☐ H.S. ☐ A.S. ☐ B.A. ☐ M.A.	☐ M.S. ☐ Ph.D. Degr	ee/Total Credit Hours	
	For Office Use ONLY			
Teacher Certification:	Area/ Grade/Level	Туре	Expiration Date	
Registered Nurse or LPN:				
	I would like to receive job	offers from the following district		
	Me	echanicville		
	l would like to receive job	offers for the following positions		
	П	eaching Positions		
	Te	eaching Assistant		
		Teacher Aide		
		School Nurse		

Moral Character Determination

Answer each question by Selecting "Y	es" or "No." If you answer "yes" to any question,	you are required to give a full	explanation of your a	inswer in the space	provided belo	w.
A. Have you ever been dismissed, resi dismissal from alleged misconduct?	igned from, entered into a settlement agreeme	nt, or otherwise left employme	ent to avoid investiga	tion and/or A	O No	○ Yes
B. Did you ever receive a discharge from the Armed Forces of the United States, which was other than "Honorable?" C. Have you been convicted of any criminal offense in NYS or any jurisdiction outside the State? (Other than minor traffic violations) D. Do you currently have any criminal charges pending against you? E. Have you ever had an application for a teaching credential in New York or any other jurisdiction denied?			В	. O No	○ Yes	
			C	. O No	○ Yes	
			D	o. O No	○ Yes	
			E.	. O No		
F. Have you ever had a teaching credential issued in New York or any other jurisdiction revoked, suspended, or otherwise invalidated? G. Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020-a or the disciplinary provisions of any other jurisdictions?				F.	. O No	○ Yes
				linary G	i. O No	○ Yes
1. Give a full explanation for any "yes"	answer indicated above.	2. Please Attach off	cial copies of the cou	ırt record(s) includin	g disposition	of the case.
affiliation, domestic victim status, equal access to the Boy Scouts and requirements of Title VI and Title V Age Discrimination Act of 1975, the Rights Law. The BOCES Compliance 746-3310, email: tuparker@wswhee	ce, color, creed, sex, sexual orientation, nationse of a guide dog, hearing dog or service do dother designated youth groups. The design of the Civil Rights Act of 1964, Title IX of the Americans with Disabilities Act of 1990, as e Officer is: Turina Parker., Washington-Saraeboces.org. Complaints may also be filed with 500, phone (646) 428-3800, fax (646) 428-3	og, disability, or other classify that district compliance offiction Amendments of amended, the Boy Scouts of toga-Warren-Hamilton-Esseith the Office for Civil Rights,	ications protected (cers will coordinate of 1972, Section 504 f America Equal Acc x BOCES, 267 Ballar New York Office, U	under federal or sta compliance with t fof the Rehabilitat ess Act, and the No d Road, Wilton NY	ate law, and p the nondiscrintion Act of 19 ew York State 12831. phon	provides mination 73, the e Human e: (518)
I hereby affirm that the information promisleading information, or significant of at a later date. I authorize Washington history as required by the New York Stemployment in all participating district authorize all former employers and ed and educational institutions, and the Educational institutions.	rovided on this application (and accompanying romissions, may disqualify me from further consin-Saratoga-Warren-Hamilton-Essex BOCES to invitate Education Department. I authorize the BOCI ts through the Washington-Saratoga-Warren-Halucational institutions to provide job-related info	esume, if any) is true and comp deration for employment or be estigate and obtain copies of re ES to investigate any other informilton-Essex BOCES Substitute ormation to the BOCES, and to a nsibility for supplying or request	lete to the best of my considered grounds a cords relating to my mation provided in core Registry; I again of the 31 componing such information	whowledge. I acknor for dismissal, if inves employment history, onnection with this a gree to cooperate in ent districts; and I re as part of such an in	wledge that ar tigated and/or , education, an application or I such investiga elease former e	ny false or r discovered nd criminal my tion; I
Ву	Checking this Box and typing your name in the	box below you acknowledge t	hat the information i	s true.	1	
Applicant's Signature			Date			