

PLEASE COMPLETE AND RETURN THIS FORM TO:

Sheryl Dugan
Superintendent's Office
Laurens Central School
PO Box 301
Laurens, NY 13796
sdugan@laurencs.org

SUBSTITUTE QUESTIONNAIRE

Name _____

Address _____

Telephone Number _____

Do you want to be considered for a:

Full-time substitute? _____ Part-time substitute? _____

What days are you available _____

Only available certain times of school year (Please indicate) _____

Are you registered with any other school districts for substitute employment? _____

If yes, which one(s)? _____

Do you have your certification _____ Area Certified _____

Are you available on short notice? _____

Do you have fingerprint clearance as per the NYS SAVE Regulations? _____

(*If the answer is no, you will need to contact Sheryl Dugan at 432-2050 Ext 1120 to be fingerprinted. There is a \$94.25 fee to process the fingerprint application through the State of New York and you will be responsible for this cost.)

PLEASE CHECK ONE OF THE OPTIONS BELOW:

_____ YES, I am currently available and interested in employment as a substitute _____
for Laurens Central School according to the conditions outlined above for the 2009-2010
school year.

_____ NO, I am not interested in substituting for Laurens Central School for the 2009-2010 school
year.

I understand and agree to notify Sheryl Dugan, Superintendent's Office (432-2050, Ext. 1120), if
any of the above conditions change.

Date

Signature