

CHAUTAUQUA LAKE CENTRAL SCHOOL

100 N. Erie Street

Mayville NY 14757

“Charting the Course for the Future”



TO: Prospective Substitute

FROM: Superintendent

Thank you for your interest in the Chautauqua Lake Central School District.

In order to complete our screening process, you will need to complete the following:

1. Chautauqua County civil service application and Chautauqua Lake non-instructional employment application
2. Resume and three letters of reference
3. Form I-9
4. Fingerprint provisions of Project SAVE. Instructions are available at www.identogo.com. You will be asked for a service code, which is 14ZGR7. There is a fee which is payable to MorphoTrust (see attached sheet).

Once all paperwork is received, you will be contacted for an interview. Pending a successful interview, your name will be submitted to the Board of Education for approval. Within the first few days of employment, you will need to complete payroll information with Tammy Weise in the Business Office.

If you have any questions concerning the above procedures, please contact my secretary, Heidi Martin, at (716) 753-5808.

Thank you for your interest in our school system.

CHAUTAUQUA LAKE CENTRAL SCHOOL

Mayville, NY 14757

SUBSTITUTE TEACHER APPLICATION

NAME: _____

ADDRESS: _____
Street/PO Box City/State

PHONE: _____ EMAIL: _____ DATE: _____

EMAIL: _____

AVAILABLE: _____

I. PREPARATION

A. High School	Dates of Attendance	Course

B. College or University	Dates of Attendance	Degree/Credits
1.	_____	
2.	_____	
3.	_____	

C. Major Field

1. Undergraduate	_____
2. Graduate	_____

D. Minor Field

1. Undergraduate	_____
2. Graduate	_____

E. Certificates Held and Subjects of Certification Issuing State and Date:

1.	_____
2.	_____

Substitute area(s): Elementary ___ Middle Grades ___ High School ___

II. TEACHING EXPERIENCE

Dates From To School/Location Grade Level-Subject Reason for leaving

- 1. _____
- 2. _____
- 3. _____

III. NON-TEACHING EMPLOYMENT

Dates From To Employer Position Reason for leaving

- 1. _____
- 2. _____
- 3. _____

IV. EXTRACURRICULAR ACTIVITIES: (Describe briefly - include travel, community, college, coaching, and any activity related to work with children)

V. PROFESSIONAL ORGANIZATIONS: _____

VI. PERSONAL DATA:

- 1. Social Security Number _____
- 2. Are you a citizen of the United States? Yes ___ No ___ If no, have you filed a Declaration to become a citizen? Yes ___ No ___
- 3. N.Y.S. Teacher Retirement Number (if active) _____
- 4. Have you ever been convicted of a crime? Yes ___ (give details) No ___
- 5. Have you ever resigned from a position in lieu of termination? Yes ___ please explain No ___
- 5. What days are you available to substitute? _____
- 6. What grade levels and/or subject areas are you available for? _____
- 7. Are you available on short notice (one or two hours)? Yes ___ No ___

VII. REFERENCES: (Give name, address, phone number, and occupation of at least three people; professional references are preferred.)

- 1. _____
- 2. _____
- 3. _____

Statement of Understanding

I understand that the Chautauqua Lake Central School District will be making an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the Chautauqua Lake Central School District and will not be released to me unless required by federal or state statutes or regulations.

Signature

Date

Please return completed application to: Dr. Joshua Liddell, Superintendent
Chautauqua Lake Central School
100 N Erie Street
Mayville NY 14757
Telephone: 716-753-5808
Fax: 716-753-5813
Email: jliddell@clake.org

The Chautauqua Lake Central School District does not discriminate in its employment and admission to programs and activities as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law.

The Chautauqua Lake Central School District's Compliance Officers are: Megan Lundgren, Elementary Principal, 716-753-5842, mlundgren@clake.org and Jackson Graham, Business Executive, 716-753-5874, jgraham@clake.org. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646)428-3843, email: OCR.NewYork@ed.gov.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

OATH OF ALLEGIANCE

As required by Section 3002 of the New York State Education Law, each employee of a school district must take the following oath upholding the Constitution of the United States of America and of the State of New York:

“I do solemnly swear/affirm that I will support the constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge, according to the best of my abilities, the duties of the position of Substitute teacher at the Chautauqua Lake Central School, to which I am now assigned.”

Date

Signature

Date

Signature of
Authorized Witness

AM Substitute Profile

Please PRINT clearly

Name _____ District Name _____

Address _____ City _____ Zip _____

Phone # (_____) _____ E-mail Address (required) _____

(only one phone number can be added)

Gender Male Female

Academic and Certification/License Background:

Please indicate degree level obtained:

Degree(s): Master's Associate Bachelor's No Degree No Teaching Certification

NYS Teacher Certification(s)/License Issued:

_____ Expiration (if applicable) _____

_____ Expiration (if applicable) _____

_____ Expiration (if applicable) _____

_____ Expiration (if applicable) _____

Substitute Teachers: If the district offers I am willing to work as:

Substitute teacher aide Teaching assistant

Note: your New York State Certification may be verified through the NYS Department of Education Teaching Initiatives (TEACH), <http://www.highered.nysed.gov/tcert/teach/> and New York State Licensure through the Office of the Professions <http://www.op.nysed.gov/opsearches.htm>

Signature _____ Date _____

SCHOOL DISTRICT ONLY – please complete the fields below

Welcome Letter Yes No (If yes, be sure email address is provided)

Choose one:

HR Employee # _____ Alpha ID _____ Pin # _____ Random _____

Pay code Description _____

Skills CODE(s) to be assigned to Sub _____

General Comments _____

Fingerprint Process

Effective as of July 1, 2020

On **July 14, 2017**, the ORI TEACH will no longer be in use. You must use the URL or phone number below to schedule your fingerprinting appointment.

All fingerprinting required by the Education Department for certification or employment in schools must be scheduled with MorphoTrust/IDEMIA. There are two ways to schedule an appointment:

- a. Click on the appropriate URL from this table below:

APPLICANT FOR	URL
Certification	https://uenroll.identogo.com/workflows/14ZGQT
Employment	https://uenroll.identogo.com/workflows/14ZGR7

- b. Call MorphoTrust/IDEMIA at: 877-472-6915 to schedule an appointment. Provide the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE
Certification	14ZGQT
Employment	14ZGR7

Follow all instructions and make payment as necessary. The total fingerprint fee as of **January 1, 2022** is **\$101.75**.