

Haldane Central School District  
15 Craigside Drive  
Cold Spring, New York 10516  
845-265-9254 FAX 265-9213

**APPLICATION FOR CERTIFIED POSITION**

Last Name	First	Middle
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Current Address: \_\_\_\_\_  
\_\_\_\_\_

City	State	Zip
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Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. The New York State Teacher Retirement Member Yes\_\_\_ No\_\_\_ If so, number\_\_\_\_\_
2. Are you a veteran? Yes\_\_\_ No\_\_\_
3. Are you eligible for employment in this country? Yes\_\_\_ No\_\_\_
4. Have you ever been convicted of any crime other than a minor traffic violation? Yes\_\_\_ No\_\_\_
5. Have you ever been released from an employment position? Yes\_\_\_ No\_\_\_

If you answered yes to number 4 or 5 please give details or reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLACEMENT INFORMATION**

Position applying for: \_\_\_\_\_

Type of Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute \_\_\_\_\_

The Haldane Central School District does not discriminate on the basis of sex, race, creed national origin, age or disability, in its employment, admissions practices, vocational opportunities or access to and treatment in programs of activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973 and Title VI and the americans with Disabilities Act. Inquiries concerning the application of these regulations may be made to the Superintendent of Schools at the Haldane Central School District, 15 Craigside Drive, Cold Spring, NY 10516 Phone: 845-265-9254

**EDUCATIONAL BACKGROUND**

UNDERGRADUATE COLLEGE	MAJOR/MINOR	DEGREE AWARDED DATE
STUDENT TEACHING NAME OF SCHOOL	LOCATION OF SCHOOL	SUBJECT OR GRADE LEVEL
1.		
2.		
GRADUATE	MAJOR	DEGREE OR CERTIFICATE/DATE

**REFERENCES**

NAME & ADDRESS	POSITION	TELEPHONE BUSINESS & HOME

**TENURE STATUS**

Were you ever appointed to tenure in a public school district in New York State? Yes \_\_\_ No \_\_\_

Tenure Area: \_\_\_\_\_ Date Tenure Granted: \_\_\_\_\_

Name & Address of school district where tenure was granted:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed while serving as a teacher in a probationary appointment? Yes \_\_\_ No \_\_\_

Have you ever been dismissed from a school district pursuant to Ed.Law Section 3020-a? Yes \_\_\_ No \_\_\_

## EMPLOYMENT HISTORY

Begin with most recent first

<b>Employer</b>	<b>Phone #:</b>	<b>Dates Employed</b>
		<b>From</b> <b>To</b>
<b>Address</b>		
<b>Job Title</b>		
<b>Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>May we contact for references? Yes___ No___</b>		

<b>Employer</b>	<b>Phone #:</b>	<b>Dates Employed</b>
		<b>From</b> <b>To</b>
<b>Address</b>		
<b>Job Title</b>		
<b>Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>May we contact for references? Yes___ No___</b>		

<b>Employer</b>	<b>Phone #:</b>	<b>Dates Employed</b>
		<b>From</b> <b>To</b>
<b>Address</b>		
<b>Job Title</b>		
<b>Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>May we contact for references? Yes___ No___</b>		

**CERTIFICATION INFORMATION**

I HOLD THE FOLLOWING NEW STATE CERTIFICATES BELOW: (PROVIDE COPIES)

	AREA	DATE ISSUED	EXP. DATE
PERMANENT ↗ PROVISIONAL ↗ CERTIFICATE OF QUALIFICATION ↗	_____	_____	_____
PERMANENT ↗ PROVISIONAL ↗ CERTIFICATE OF QUALIFICATION ↗	_____	_____	_____
PERMANENT ↗ PROVISIONAL ↗ CERTIFICATE OF QUALIFICATION ↗	_____	_____	_____

**APPLICANT'S PERSONAL STATEMENT**

Describe the personal characteristics that will enable you to contribute to the educational programs of the district. Indicate attributes that distinguish you from other candidates for this position. (You may attach additional sheets of paper)

Describe any additional information or comments that would be useful in evaluating your application (ex. Sports played and/or coached, extracurricular advisor ships, travel, volunteer experience, hobbies etc.

I certify that all statements made by me are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements contained therein and the references supplied to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you. All appointments are subject to the fingerprinting and criminal background check as required by law.

DATE

SIGNATURE OF APPLICANT