



APPLICATION FOR CERTIFIED POSITION

Last Name:	First:	Middle:
Current Address:		
City:	State:	Zip:
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 _____		
<p>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</p>		

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

Employer:	Phone #:	Dates Employed: From: To:
Address:		
Job Title:		
Immediate Supervisor:		
Reason for leaving:		
May we contact for references? Yes ___ No ___		

Employer:	Phone #:	Dates Employed: From: To:
Address:		
Job Title:		
Immediate Supervisor:		
Reason for leaving:		
May we contact for references? Yes ___ No ___		

Employer:	Phone #:	Dates Employed: From: To:
Address:		
Job Title:		
Immediate Supervisor:		
Reason for leaving:		
May we contact for references? Yes ___ No ___		

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