



WHITE PLAINS PUBLIC SCHOOLS

Application

Date _____

POSITION PREFERENCE

☐ Substitute Teaching

☐ Administrative

☐ Teaching Assistant

Subject

Position

Position

PERSONAL INFORMATION

Name _____
Last First Middle

Mailing Address _____ Home Phone _____
(include area code)

Cell Phone _____
(include area code)

Email Address _____ NYS TRS Retirement No. _____

Have you been fingerprinted since July 1, 2001 for a school district, BOCES or teacher certification in New York State? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, explain: _____

CERTIFICATION/LICENSE

I hold the New York State Teaching/Teaching Assistant/Administrative Certificate(s) described below (provide copies):

		<u>Certification Area(s)</u>	<u>Date Issued</u>
<input type="checkbox"/> Level I	<input type="checkbox"/> Initial	_____	_____
<input type="checkbox"/> Level II	<input type="checkbox"/> Professional	_____	_____
<input type="checkbox"/> Level III	<input type="checkbox"/> Provisional	_____	_____
<input type="checkbox"/> Pre-professional	<input type="checkbox"/> Permanent	_____	_____
		<input type="checkbox"/> SAS <input type="checkbox"/> SDA <input type="checkbox"/> SBA	_____
		<input type="checkbox"/> SBL <input type="checkbox"/> SDL <input type="checkbox"/> Other	_____

If you do not have a New York State Certificate, have you filed an application for one? ☐ Yes ☐ No

Other certification held; type and issuing authority: _____

**EDUCATIONAL PREPARATION**

Name and Location of School	Course of Studies	Degree	Completed? (Yes/No)
College (Undergraduate)*			
College (Graduate)*			
Vocational/Technical/Trade			
*provide copy of official transcripts			

TEACHING OR ADMINISTRATIVE EXPERIENCE

List all teaching and administrative experience with the most recent experience first. Include any substitute or part time teaching or administrative experience and indicate as such.

Employer's Name & Address	Specific Nature of Position	Reason for Leaving

LEARNING

TENURE STATUS

Were you ever granted tenure in a public school or Board of Cooperative Educational Services in New York? ☐ YES ☐ NO

Name of the school district or Board of Cooperative Educational Services:

Tenure Area _____

Were you ever dismissed from the school district or Board of Cooperative Educational Services pursuant to Education Law section 3020-a? ☐ YES ☐ NO

PROFESSIONAL ORGANIZATIONS, HONORS, SKILLS, AND ABILITIES

REFERENCES

List five individuals having supervisory knowledge of your professional training, ability, and experience. Include the name, address, and telephone number of your last supervisor who may be contacted for a reference.

Name	Position/Reference Type	Address & Telephone No./Email Address
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PLEASE READ CAREFULLY – SIGN AND DATE BELOW

I understand that the White Plains Public 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 School District and will not be released to me unless required by federal or state statutes or regulations.

I certify that all answers given are true and complete. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge from the position. I understand, also, that I am required to abide by all rules and regulations of the employer – The White Plains Public School District.

Date _____ Signature _____



WHITE PLAINS PUBLIC SCHOOLS
Office of Human Resources

THIS PAGE FOR OFFICE USE ONLY:

1. References Checked: _____ date: _____
2. Applicant Offered Position _____ date: _____
3. Accepted or Withdrew _____ date: _____
4. B/E Meeting Date: _____
5. Recommendation memo received ☐

Name of candidate: _____

☐ **Substitute** ☐ **Administrative** ☐ **Teaching Assistant**

Position Title: _____ Assignment: _____

Replacing: _____ **OR** ☐ New Position

Type of Appointment:

☐ Substitute Teacher ☐ Probationary Administrator ☐ Teaching Assistant

Probationary period: _____ **Dates of service:** _____ to _____

BA: (School) _____ (Area) _____

MA: (School) _____ (Area) _____

Certification Area _____

Tenure Area _____

CERTIFICATION

☐ Level I ☐ Level II ☐ Level III ☐ Pre-professional
☐ Initial ☐ Professional ☐ Provisional ☐ Permanent
☐ SAS ☐ SBA ☐ SDA ☐ SBL ☐ SDL

SALARY

Total \$ _____ **Administrator: Range** _____

Teaching Assistant: Step _____

FINGERPRINT CHECK:

☐ In Process ☐ Obtained