



# 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:

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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

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## 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	Address & Telephone No.

## 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