
Name

Position

Employment Application

Westbury School District

INSTRUCTIONAL



WESTBURY SCHOOL DISTRICT

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED AND A SIGNATURE MUST APPEAR ON THE LAST PAGE. PLEASE DO NOT ALTER THIS FORM. THIS APPLICATION BECOMES PART OF THE PERSONNEL FILE. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Date Available for Employment _____ Social Security # _____

Position _____ School _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Home Telephone Number _____ Cell Telephone Number _____

Email Address _____

Are you CURRENTLY employed at Westbury School District or any other municipality? _____ YES _____ NO

If so, where _____

Have you ever been employed by Westbury School District or any other municipality? _____ YES _____ NO

If yes, please explain _____

Are you a graduate of Westbury School District? _____ YES _____ NO

For the purposes of reviewing your application, do you have any relatives employed at

Westbury School District? _____ YES _____ NO

If so, who _____

Are you under 18 years of age? _____ YES _____ NO

Are you a US Citizen or National of the United States, or a lawful Permanent Resident? _____ YES _____ NO

If no, state your Non-Immigrant Status _____

Have you ever served in any branch of the United States Armed Services? _____ YES _____ NO

If yes, type of discharge _____

Have you ever been dismissed from a job? _____ YES _____ NO

If yes, please explain _____

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

If yes, provide date, charge, disposition and county of occurrence on a separate sheet of paper and attach.

Are there any criminal charges or proceedings pending against you? _____ YES _____ NO

If yes, please explain _____

Are you a member of any NYS Retirement? _____ YES _____ NO

If yes, Member # _____ System enrolled in _____

Do you hold NYSED Certification? _____ YES _____ NO _____ Pending If yes or pending, complete below:

Subject _____ Type _____

Effective Date _____ Expiration Date _____

Do you have Certification outside of NYS? _____ YES _____ NO _____ Pending If yes or pending, which State _____

Subject _____ Type _____

Effective Date _____ Expiration Date _____ Certification # _____

Have you been granted tenure in any district? _____ District: _____

Have you been denied tenure in any district? _____ If so, please explain _____

If applicable, have you been mentored? _____

EDUCATION

Name and Location	Dates Attended	Subject Studied	Diploma/Degree
High School Address _____			
Undergraduate Address _____			
Graduate Address _____			
Other Address _____			

Have you taken graduate work beyond your highest degree earned? If so, please indicate Major and Number of credits. _____

Student Teaching/Administrative Internship

Name of School District	Location	Major Responsibilities
1. _____	_____	_____
2. _____	_____	_____

List institutes, seminars or training programs pertinent to the position(s) for which you are applying _____

List Awards or Special Skills _____

List Publications _____

List related Extracurricular Activities _____

List Professional Organization memberships _____

Employment History

List all prior work experience starting with the current or most recent employer. Applicants may include student teaching, volunteer work, and military service. For additional space attach a separate sheet. THIS SECTION MUST BE COMPLETED.

Employer _____

Dates Employed From/To _____

Job Title _____ Supervisor's Name _____

Address _____

Telephone Number _____ Reason for Leaving ° _____

Brief Description of Job Duties _____

May we contact for Reference? _____ NO

Employer _____

Dates Employed From/To _____

Job Title _____ Supervisor's Name _____

Address _____

Telephone Number _____ Reason for Leaving _____

Brief Description of Job Duties _____

May we contact for Reference? _____ YES _____ NO

_____ YES

Employer _____

Dates Employed From/To _____

Job Title _____ Supervisor's Name _____

Address _____

Telephone Number _____ Reason for Leaving _____

Brief Description of Job Duties _____

May we contact for Reference? YES NO

Professional References

Please provide the name, title, address, and telephone numbers of three professional references, who are NOT related to you either by blood or marriage, who can be contacted for an employment reference.

1. Name/Title _____ Address _____ (City, State, Zip Code) _____ Years Known _____

Telephone _____ Alternate Telephone _____ Relationship/Company _____

2. Name/Title _____ Address _____ (City, State, Zip Code) _____ Years Known _____

Telephone _____ Alternate Telephone _____ Relationship/Company _____

3. Name/Title _____ Address _____ (City, State, Zip Code) _____ Years Known _____

Telephone _____ Alternate Telephone _____ Relationship/Company _____

Emergency Contact Information

Name _____ Relationship _____

Telephone _____

Applicant's Personal Statement

Describe the personal characteristics that will enable you to contribute to the educational programs of the district. Indicate attributes that you believe distinguish you from other candidates for this position. A SEPARATE SHEET OF PAPER IS ATTACHED.

Acknowledgement and Authorization

I hereby affirm that this application, resume/curriculum vitae, cover letter, and any and all documents submitted by me in connection with my application for employment contain no willful misrepresentations and that the information given by me is true and complete. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate termination and/or referral for criminal prosecution. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents if any) to provide relevant information that may be needed to arrive at an employment decision.

I agree, if employed, to abide by all the rules, policies, and regulations of Westbury UFSD. I certify that the information that I have provided is complete and accurate.

May we contact your present employer at this time? YES NO If not, when may we contact your employer? _____

Applicant's Signature _____

Date _____

Westbury UFSD is an equal opportunity employer and does not discriminate on the basis of race, sex, color, national origin, religion, marital status, age, sexual orientation, veteran status, disability, predisposing genetic characteristics or domestic violence victim status in employment, in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, and Title VII and the Americans with Disabilities Act.

If you need a disability-related accommodation, please call Human Resources at (516) 874-1816.

