

Miller Place Union Free School District

7 Memorial Drive
Miller Place, NY 11764
(631) 474 -2700

Administration Teacher Teacher Assistant Substitute Other

EMPLOYMENT APPLICATION (Certified Staff)

Directions:

1. Complete all sections of application legibly, and accurately
2. Append any supplementary information necessary to provide a full understanding of your qualifications.
3. Submit applications to the Personnel Department at the address above.
4. The District will arrange any interview appointments.

Legal Name:

Last

First

Middle

Name on Records if Other

Physical Address:

Street (No P.O. Box or R.R.)

Apt.

City

State

Zip Code

Home Number

Cell Number

E-Mail

Mailing Address:

(If Different)

Street, P.O. Box, or R.R.,

Apt.

City

State

Zip Code

Position Desired

Position for which application is being submitted: _____

Elementary (Grades K-6) – Desired Teaching Assignment in Order of Preference: _____

Middle School ((Grades 7-8) – Desired Teaching Assignment in Order of Preference: _____

High School (Grades 9-12) – Desired Teaching Assignment in Order of Preference: _____

Other (Specify) _____

Professional Experience – List in chronological order beginning with most recent position (Include student teaching if teaching experience totals less than three (3) years.

Dates	Name of School	Location	Grade / Subject	# Years in Position	Tenure Granted

Work Experience in Industries other Than Education

Dates	Firm or Business	Nature of Work	# Years in Position

Military Service (Active Duty Only) – You Must Attach Copy of Form DD214

Dates of Service	Branch of Service	Highest Rank Achieved	Discharge Type

What strengths do you possess that would set you apart from the other candidates for this positions? _____

What are your professional goals and/or future plans? _____

What types of extracurricular activities would you be interested in supervising? Indicate with an * those activities in which you have some experience: _____

List the professional organizations to which you belong _____

List your significant professional achievements (article, group leadership, offices held in professional organizations, etc.)

Personal Data

Social Security number _____ - _____ - _____

Are you eligible or authorized to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No If yes please provide a brief explanation: _____

Do you have any relatives currently employed by the Miller Place School District? Yes No

If yes who is employed and what title do they hold _____

Certification Information

I hereby certify that I hold the following certificates issued by the University of the State of New York (Use exact wording from Certificate)

Title of Certificate Held: _____ Permanent Provisional Valid Date ___ to ___

Subject Area: _____ Certificate Number: _____

Title of Certificate Held: _____ Permanent Provisional Valid Date ___ to ___

Subject Area: _____ Certificate Number: _____

Title of Certificate Held: _____ Permanent Provisional Valid Date ___ to ___

Subject Area: _____ Certificate Number: _____

If you do not have your certificate, please provide the date your application for certification was submitted to the State Education Department _____.

Education and Professional Training

Schools Attended	Name & Location	Dates Attended	Course or Major	Degree Received	Semester Hours
High School					
College					
Graduate School					
Other					

Presently Matriculated for _____ degree at _____

Expected degree to be conferred on or near (MM/DD/YYYY) ____/____/____.

References – Provide five (5) references, including especially superintendents and principals under whose supervision you have worked or have firsthand knowledge of your character, personality, scholarship and professional ability. If presently employed, include your present employer.

Name	Position	Current Address	Telephone #	Dates Under Supervision

Does your present employer know that you are seeking employment in the Miller Place Union Free School District? Yes No

Name of Present Employer: _____

Why do you wish to leave your present employer? _____

I certify that all statements contained on this application are true and complete. I understand that false information will be considered grounds for immediate dismissal, if I should be employed by the school district.

Date

Applicants Signature