

**Letchworth Central School**

5550 School Rd.  
Gainesville, NY 14066

**Application For:**

- Teacher..... *Attach copy of transcripts.*
- Substitute Teacher... *Attach copy of transcripts*
- Teacher Assistant
- Substitute Teacher Assistant
- Other:\_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_ Other Phone #: \_\_\_\_\_  
Town / City / ZIP Code)

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PERSONAL INFORMATION:**

**Have you been fingerprinted for the NYS Education Department?**  Yes  No - Education Law requires employees of school districts to be fingerprinted for a criminal history background check.

Do you have any physical impairments which might prevent you from performing this job effectively?  
*(Example –lifting restrictions, stairs, etc.)*

No  Yes  Comments \_\_\_\_\_

**GENERAL INFORMATION:**

When could you: Come for an interview? \_\_\_\_\_ Begin work? \_\_\_\_\_

Are you New York State certified No  Pending  Yes  Certificate # \_\_\_\_\_

Date of Issue \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_ Tenure Area \_\_\_\_\_

**REFERENCES:** Give references who have first-hand knowledge of your character, personality.

Name	Phone Number	Official Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL MESSAGE:** State briefly why you desire this particular position.

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**EDUCATIONAL & PROFESSIONAL TRAINING:**

**PREPARATION - COMPLETED DIPLOMAS AND DEGREES:**

NAME OF SCHOOL / COLLEGE	YEAR OF GRADUATION	MAJOR FIELD OF STUDY	DIPLOMA/DEGREE

**ADDITIONAL PREPARATION:**

NAME OF SCHOOL / COLLEGE	DATES	TITLE OF COURSE COMPLETED	CREDIT HOURS

**TEACHING EXPERIENCE:**

NAME OF SCHOOL	LEVEL OF TEACHING	LOCATION	DATES

**PROFESSIONAL ORGANIZATION MEMBERSHIPS:**

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**This Agency is an Equal Opportunity Employer in compliance with the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972.**