
PROFESSIONAL APPLICATION

Position Desired: Administrator ___ Teacher ___ Substitute Teacher ___
Level: Elementary ___ Secondary ___

PERSONAL INFORMATION

Name: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Phone #: _____ **Soc. Sec. No.:** _____

New York State Teachers' Retirement System Number (if applicable): _____

New York State Teach ID Number (if applicable): _____

Current Position: _____

Current Employer: _____

EDUCATION & TRAINING

High School: _____

Graduation Date: _____ **Major(s):** _____

Undergraduate School: _____

Degree: _____ **Major(s):** _____ **Date Degree Conferred:** _____

Graduate School: _____

Degree: _____ **Major(s):** _____ **Date Degree Conferred:** _____

Graduate School: _____

Degree: _____ **Major(s):** _____ **Date Degree Conferred:** _____

Please attach copies of your transcripts.

CERTIFICATION

Do you hold a valid NYS Teaching Certificate? Yes No, if yes: Initial or Professional

Certificate Title: _____

Do you hold another valid NYS Teaching Certificate? Yes No, if yes: Initial or Professional

Certificate Title: _____

Do you hold other State Certification: Yes No, if yes: State: _____

Certificate Title: _____

List any other valid certifications held: (i.e.: administrative, coaching, etc.):

Please attach a copy(ies) of your certification(s).

TEACHING EXPERIENCE

School: _____ **Location:** _____

Position Held: _____ **Dates of Employment:** _____

Supervisor Name: _____ **Position:** _____

School: _____ **Location:** _____

Position Held: _____ **Dates of Employment:** _____

Supervisor Name: _____ **Position:** _____

School: _____ **Location:** _____

Position Held: _____ **Dates of Employment:** _____

Supervisor Name: _____ **Position:** _____

OTHER WORK EXPERIENCE (including U.S. military service)

Employer: _____	Location: _____
Position Held: _____	Dates of Employment: _____
Supervisor Name: _____	Supervisor Contact #: _____
Employer: _____	Location: _____
Position Held: _____	Dates of Employment: _____
Supervisor Name: _____	Supervisor Contact #: _____
Employer: _____	Location: _____
Position Held: _____	Dates of Employment: _____
Supervisor Name: _____	Supervisor Contact #: _____

PERSONAL HISTORY

Have you ever been denied tenure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of §3020-a Education Law charges or charges under other disciplinary proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, please give the school district or other employer, the nature of the charges, and the disposition. _____ _____
Have you ever been convicted of any crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you served in the United States Armed Forces, did you receive a dishonorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been dismissed from work for other than lack of work or funds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No; If no, what is your citizenship (please list below): Country of Citizenship: _____
Race Indication: <input type="checkbox"/> Native American or Alaska Native; <input type="checkbox"/> Asian; <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Say

If you answered yes to any of the above questions, please describe the circumstance(s) on a separate sheet of paper and attach to this application.

REFERENCES

Please list three (3) references who may be called. We are especially interested in the names of people who have observed your work in the classroom and or who can attest to your character and work ethic. Please include your most recent supervisor first. Be sure to provide daytime contact information.

Name: _____
Agency Name: _____ Location: _____
Their Position: _____ Daytime Contact #: _____
Name: _____
Agency Name: _____ Location: _____
Their Position: _____ Daytime Contact #: _____
Name: _____
Agency Name: _____ Location: _____
Their Position: _____ Daytime Contact #: _____

ATTESTATION

*The information submitted is accurate to the best of my knowledge.
I understand that falsification of any information submitted on this application may be cause for dismissal.*

Signature: _____ Date: _____

The Millbrook Central School District does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, sexual orientation, genetic predisposition or carrier status in the education program and activities which it provides.

Inquiries concerning this policy should be referred to:

The Assistant Superintendent at (845) 677-4200 x 1102

or submitted in writing to:

Millbrook Central School District
43 Alden Place, P.O. Box AA
Millbrook, NY 12545