Frankfort-Schuyler
Central School District
Frankfort, NY 13340

Date_____

EMPLOYMENT APPLICATION

POSITION REFERENCE

Teaching ☐
Substitute Teaching ☐
_____
Subject

Administration ☐
_____
Position

Non-Teaching ☐
_____
Position

PERSONAL INFORMATION

Name_____
Last First Middle

Present Mailing Address _____ Tel._____
(Include Zip Code) *(Include Area Code)*

_____

Permanent Mailing Address _____ Tel._____
(Include Zip Code) *(Include Area Code)*

_____

Social Security No. _____ Retirement No. _____

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes ☐ No ☐ If *no,* explain: _____

Do you have a legal right to work in the United States? Yes ☐ No ☐

If you are an alien with a legal right to work in the United States, and are applying for a teaching position, do you intend to apply for United States Citizenship? Yes ☐ No ☐

Have you ever been convicted of a crime? Yes ☐ No ☐ If *yes,* explain:_____

Have you ever been the subject of an Article 83 investigation? Yes ☐ No ☐

Did you receive a dishonorable discharge? Yes ☐ No ☐ N/A ☐
(A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision.)

Are you an exempt volunteer fireman? *(Civil Service Law Section 75)* Yes ☐ No ☐

CERTIFICATION/LICENSE

I hold the **New York State** Teaching/Administrative Certificate(s) described below: *(provide copies)*

			Area	Date Issued
Permanent ☐ Initial ☐	Provisional ☐ Professional ☐	Certification of Qualification ☐ Transitional ☐	_____	_____
Permanent ☐ Initial ☐	Provisional ☐ Professional ☐	Certification of Qualification ☐ Transitional ☐	_____	_____

If you do not have a New York State Teaching Certificate, have you made application for one? Yes ☐ No ☐

Do you have an evaluation of your NYS certificate status? Yes ☐ No ☐ *(If yes, enclose a copy)*

Other licenses held; type and issuing authority: _____

EDUCATIONAL PREPARATION

Name and Location of School	Nature of Studies	Did You Graduate?
High school		

Name and Location of School	Dates Attended	Nature of Studies	Degree	Date Granted
College (Undergraduate)*				
College (Graduate)*				
Vocational/Technical/Trade*				

**Provide copy of transcripts (substitute teachers excluded).*

TEACHING OR ADMINISTRATIVE EXPERIENCE

List most recent experience first. Include any substitute or part time teaching, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

TENURE STATUS

Were you ever appointed on tenure in a public school district in New York? Yes ☐ No ☐ If *yes,* complete:

Tenure Area: _____ Effective Date: _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a?
Yes ☐ No ☐

Name and address of school district where tenure was granted: _____

PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.)

OTHER SKILLS AND ABILITIES

(e.g. coaching, ability to use sign language)

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Telephone

May we refer to your present employer? Yes ☐ No ☐
May we refer to your former employer(s)? Yes ☐ No ☐

Placement Folder may be secured from: (Name and Address) _____

APPLICANT'S STATEMENT

Complete or attach cover letter.

(Give any additional information that you think might be of value in considering you for a position.)

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

I authorize investigation of all statements contained in this application for employment, my resume, my educational background, and any prior or subsequent employment, as may be necessary in arriving at any employment decision, or in arriving at other decisions relating in any way whatsoever to my employment.

Applicant's Signature

Date

Please return completed application to:

Mr. Joseph Palmer
Superintendent
Frankfort-Schuyler Central School District
Palmer Street
Frankfort, New York 13340
(315) 894-5083

EQUAL OPPORTUNITY EMPLOYER