

# Poland Central School

74 Cold Brook Street / P.O. Box 8, Route 8  
Poland, NY 13431

Date \_\_\_\_\_

## EMPLOYMENT APPLICATION

### POSITION PREFERENCE

Permanent, Long-term Teacher   
Substitute Teacher   
Subject and Grade Level Skills \_\_\_\_\_

Aide or Assistant   
Transportation Department   
Custodial/Maintenance Department

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Current **Email** Address \_\_\_\_\_

Present Mailing Address \_\_\_\_\_

Include Zip Code

Permanent Mailing Address (if same as above, mark NA) \_\_\_\_\_

Include Zip Code

Phone Numbers ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Area Code Area Code

Social Security No. \_\_\_\_\_ Retirement No. (TRS or ERS from past employment) \_\_\_\_\_

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: \_\_\_\_\_

Did you receive a dishonorable discharge?  Yes  No

(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) noted below:

CONTENT AREA

DATE ISSUED

Permanent  Provisional  Initial Certificate  \_\_\_\_\_

Permanent  Professional  Initial Certificate  \_\_\_\_\_

If you do not have a New York State Teaching Certificate, have you made an application for one?  Yes  No (provide a copy)

Other licenses held; type and issuing authority: \_\_\_\_\_





## OTHER WORK EXPERIENCE

Dates

Employed

Employer's Name & Address

Specific Nature of Position

Reason for Leaving


## PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

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

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## OTHER SKILLS AND ABILITIES

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

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## 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

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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)

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Describe the classroom relationship you would expect to develop between you and your students.

What do you feel constitutes good classroom discipline?

Describe some educational activity, or experience, you initiated that you consider to be worthwhile.

Why do you feel the subject area and/or grade level you expect to teach is important in a child's development?

Why should we hire you?

*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:

**Superintendent of Schools**

Poland Central School

P.O. Box 8, Route 8

Poland, NY 13431