



**EDUCATIONAL PREPARATION**

NAME AND CITY/STATE			
HIGH SCHOOL	MAJOR/MINOR/CONCENTRATION	GPA	DIPLOMA
UNDERGRADUATE			
GRADUATE			

Total number of graduate hours beyond your last degree: \_\_\_\_\_

APPLICATION MAY NOT BE CONSIDERED WITHOUT TRANSCRIPTS  ENCLOSED  WILL FORWARD

SPECIAL TRAINING OR INSERVICE EDUCATION:

**STUDENT TEACHING / INTERNSHIP**

NAME AND ADDRESS OF SCHOOLS	SUPERVISING TEACHERS	FROM	TO	SUBJECT	GRADE

**CERTIFICATION AREA(S)**  
**(Attach a copy of each certificate listed)**

I hold the following New York State Teaching/Administrative Certificates and/or Professional Licenses:	Initial	Prof. License	Transitional	P E R M	P R O V	Area:	EXPIRATION DATE:
If you do not have NYS Certification, have you made application for one? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If certified in another state, please indicate:							
ENCLOSE COPIES OF ALL CERTIFICATES AND/OR LICENSES							

**EMPLOYMENT/EDUCATIONAL EXPERIENCE** (List chronologically all experience. Do not include day-to-day substitute teaching).

EMPLOYER & CITY/STATE	GRADE AND/OR SUBJECTS	DATES MO/YR	TOTAL YEARS	FULL TIME	PART TIME	WERE YOU CERTIFIED TO TEACH?	SALARY

**WORK EXPERIENCE OTHER THAN ABOVE** (include day-to-day substitute teaching)

EMPLOYER & ADDRESS OF EMPLOYER	KIND OF WORK	DATES OF EMPLOYMENT

YES NO

HAVE YOU EVER FAILED TO BE RE-APPOINTED TO ANY POSITION?  YES  NO

HAVE YOU EVER BEEN DENIED TENURE?  YES  NO

HAVE YOU EVER RESIGNED FROM ANY EMPLOYMENT AT THE REQUEST OF ANY EMPLOYER TO AVOID DENIAL OF TENURE, DISCHARGE, OR ANY OTHER DISCIPLINARY ACTION?  YES  NO

HAVE YOU BEEN TERMINATED FROM ANY EMPLOYMENT OR ASKED TO RESIGN TO AVOID TERMINATION OR DISCIPLINE?  YES  NO

HAVE YOU EVER BEEN EMPLOYED AT THIS DISTRICT BEFORE?  YES  NO

If yes, give dates: \_\_\_\_\_

*If you answered yes to any of the above questions, please explain on a separate sheet.*

DID YOU EVER RECEIVE TENURE IN A PUBLIC SCHOOL DISTRICT IN NEW YORK STATE?

Yes  No If yes, indicate tenure area: \_\_\_\_\_ Effective date: \_\_\_\_\_

IF PREVIOUSLY GRANTED TENURE IN NEW YORK STATE, PROVIDE ADDRESS OF SCHOOL DISTRICT WHERE GRANTED: \_\_\_\_\_

HAVE YOU EVER BEEN EVALUATED AND RATED AS INEFFECTIVE?  Yes  No

If yes, please state year(s) \_\_\_\_\_

HAVE YOU EVER BEEN EVALUATED AND RATED AS DEVELOPING?  Yes  No

If yes, please state year(s) \_\_\_\_\_

**PERSONAL BACKGROUND HISTORY**

YES NO

Have you ever been convicted of a violation or a crime?

If yes, have you been issued a certificate of relief from disability?

Are any criminal charges or proceedings pending against you? (If yes to any of above three questions, please explain on a separate sheet.)

Are you legally authorized to work in the United States?

Have you ever served in the US Armed Forces?

If yes, did you receive a dishonorable discharge? (If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.)

List any persons currently serving on our Board of Education or working for the district who are related to you:

**REFERENCES**

Give the names of three references who have closely observed your work as a teacher, employee, or student. Recommendations by present and former superintendents, principals and other supervisors are preferred.			
NAME			
TITLE			
ADDRESS			
PHONE			

**RELATED PROFESSIONAL EXPERIENCE**

List educational travel, lectures, addresses, publications, other professional licensure or certification, organizational membership(s), committee chair(s) or membership(s), participation in educational experiments, innovations, special programs, elective positions held, community and social services and recreation that you would consider relevant to your ability to perform duties of this position.

List any interscholastic sports or extracurricular activities you would be willing to coach or advise.

**PERSONAL STATEMENT**

Use this space to include information that you believe would enhance your candidacy.

**APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA**

I, \_\_\_\_\_ (print name), hereby grant permission to the \_\_\_\_\_ School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application of all 8 pages and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the \_\_\_\_\_ School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to and follow all the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. I also understand that I must forward two (2) copies of my fingerprints as well as the required fee to NYSED and any other fees required to so effectuate this process.

This employment application may not be kept on file for more than six (6) months from the date of submission.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

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

**DO NOT INCLUDE THIS PAGE WITH COMPLETED APPLICATION  
FOR APPLICANT'S INFORMATION ONLY**

***Social Security Number Notice:***

Failure to submit social security number on this form will not prohibit employment consideration. Social Security Number may be required on other forms prior to employment. If and when a candidate is given further consideration, the District will use a potential candidate's social security number to check the status of professional certification and a criminal records check as part of the hiring process.