



Cheektowaga – Sloan UFSD
166 Halstead Ave.
Sloan, NY 14212

TEACHER APPLICATION

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Phone: _____

Are you a citizen of the United States? Yes _____ No _____ Email Address _____

If NO, do you have legal papers to remain and work in the United States? Yes _____ No _____

POSITION AS TEACHER OF:

PRIMARY (Pre-K – 2) _____ INTERMEDIATE (3 –5) _____

MIDDLE SCHOOL (6-8) _____ HIGH SCHOOL (9–12) _____

Art _____ Music _____ Phys. Ed. _____ Math _____ English _____
Science _____ Social Studies _____ Language _____ Home & Careers _____ Health _____
Technology _____ Library _____ Special Ed. _____

APPLICANT – DO NOT WRITE IN THIS SPACE

Application Sent _____ Salary _____
Interview _____ Credentials _____
Recommend to Board _____ Degree _____
Step _____ Certificate _____
FP Clearance _____ Physical Exam _____

Date of Appointment _____
Type of Appointment _____
Date to Begin Work _____
Health Insurance _____

EDUCATIONAL AND PROFESSIONAL TRAINING

High School	Major	Minor	Specify Diploma
_____	_____	_____	_____
College (Undergraduate)	Major	Minor	Specify Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Work – Specify the Following:

College/University	Major/Specialization	No. of Credits	Specify Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*** IF YOU ARE SELECTED FOR AN INTERVIEW, AN OFFICAL TRANSCRIPT WILL BE REQUIRED.**

CERTIFICATION INFORMATION

I hereby verify that I hold a teaching certificate issued by the State of New York as follows:

Title Certificate: _____

Form: _____ Field Validity: _____

Type of School: _____ Valid From: _____ To: _____

Certificate Number: _____ Date Issued: _____

Check one: Provisional _____ Permanent _____ Initial _____ Professional _____

CERTIFICATION INFORMATION CON'T.

Are you a member of the New York State Teachers' Retirement System? _____ Yes _____ No

If Yes, your NYSTRS # _____

Date of Membership _____

Other school districts that you are presently substituting for:

WORK EXPERIENCE

1. Employer _____ Address _____

Phone _____ Title _____ From _____ To _____

2. Employer _____ Address _____

Phone _____ Title _____ From _____ To _____

3. Employer _____ Address _____

Phone _____ Title _____ From _____ To _____

PERSONAL DATA

We will need to make a copy of your Driver License and Social Security card be sure to bring them with you.

Were you previously employed by us? _____ If YES, provide details including job title, date of employment and reason for leaving. _____

Have you ever left a position involuntarily? _____ If YES, give the particulars _____

Have you ever been convicted of a crime? _____ If YES, give the particulars _____

Do you have any physical, mental or medical impairments or disabilities which would interfere with your ability to reasonably perform any of the jobs for which you have applied? _____ If so, Please list _____

I hereby certify that all my answers and factual representations set forth in this employment application, including all attachments hereto, are true and complete to the best of my knowledge. I understand that any omission or false statement made by me on this application or any of its attachments will be sufficient grounds for refusal to employ, or for my discharge should I become employed by the Cheektowaga – Sloan Union Free School District.

I hereby authorize the release of any and all information related to my application for employment. I further authorize the District to conduct investigations of my background at any time. I understand and agree that such background investigations may seek information concerning, but not limited to, my character and reputation, criminal convictions, fingerprint clearances, driving record, status of certifications and licenses, and any and all information from former and current employers, educational institutions, and personal references. I also hereby release and hold harmless the District, and any person or entity that provides information in response to such an investigation, from any liability in connection with the use or exchange of information about me, arising from or related to any such background investigation.

Date _____ Signature _____

****PLEASE SUBMIT THIS APPLICATION AND RESUME ALONG WITH COPIES OF YOUR NEW YORK STATE CERTIFICATION, BIRTH CERTIFICATE, (OR DRIVER’S LICENSE), AND SOCIAL SECURITY CARD TO THE ABOVE ADDRESS.**

Please be advised that an incomplete application may not be considered.

Cheektowaga-Sloan UFSD does not discriminate in employment or access to programs on the basis of age, race, religion, national origin, sex or handicap.

OFFICE USE ONLY

Date of Interview:

Interviewers Initials:

Assignment:

Grades:

Comments _____

