CHEEKTOWAGA - SLOAN UNION FREE SCHOOL DISTRICT

166 Halstead Ave. • Sloan, New York 14212

Phone: 891-6427

A D M I N I S T R A T I V E   P O S I T I O N

PERSONAL INFORMATION

Name _____
                       Last   First   Middle

Present Address _____
                              Street   City / State   Zip

Home Phone #_____ Mobile Phone #_____ E-mail address_____

Soc. Sec. No. _____ Are you a citizen? ( ) yes ( ) no

Are you a member of the NY Teacher's Retirement System? ( ) yes ( ) no

If yes, Retirement Number _____

Have you ever been convicted of a crime other than a minor traffic violation? ( ) yes ( ) no

Have you ever been fingerprinted by the NYS Education Dept.? ( ) yes ( ) no

Do you have any physical / mental condition which may impair your ability
to perform the job for which you are applying? ( ) yes ( ) no

Have you ever left a position involuntarily? ( ) yes ( ) no

POSITION REFERENCE

( ) Elementary	( ) Secondary	( ) Special Area
Grade Level _____	Subject Area _____	Special Area _____

PERSONAL DATA

Certification Information

A copy of your C - Q or Provisional / or Permanent Certificate must accompany your application in order for your application to be considered.

	Type	Area	Date issued	Number
( ) Permanent ( ) Provision ( ) C - Q				_____
( ) Permanent ( ) Provision ( ) C - Q				_____
( ) Permanent ( ) Provision ( ) C - Q				_____

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

AN EQUAL OPPORTUNITY EMPLOYER

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EDUCATION PREPARATION

Name and Location of School	Minor / Major	Semester Hours	Diploma/Degree
High School(s)			
Undergraduate College(s)			
Graduate School(s)			
Special Training			

TEACHING EXPERIENCE
List most current experience first and student teaching last.

Name, City, State of School	Subject / Grade Taught or Position Title	Dates	Received Tenure Yes or No
Student Teaching			

ADMINISTRATIVE EXPERIENCE

Institution	List Extra Curricula Involvement / Interest	List Extra-Curricular Activities Which you are Qualified to Supervise
High School		
College		
Other		

NON-TEACHING EXPERIENCE

Name and location of Firm or Agency	Position, Title or Rank	Describe Nature of Duties	Dates

RELATED PROFESSIONAL EXPERIENCE

Educational travel, lectures, addresses, publications, organizational membership, committee chairmanships or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting , recreation, etc....

UNITED STATES ARMED SERVICE RECORD

Dates From - To	Branch	Highest Rank	Total Months	State discharge • If other than honorable, please explain circumstances:

PRIOR TENURE RECORD

ALL APPLICANTS MUST COMPLETE AND SIGN THIS STATEMENT IN ORDER TO ASSURE COMPLIANCE WITH PROVISIONS OF SECTION 3012, SUBDIVISION 1, OF THE EDUCATION LAWS OF THE STATE OF NEW YORK.

Have you ever received Tenure in any School District or Board of Cooperative Educational Services (BOCES) anywhere in New York State?   ( ) yes   ( ) no

If "Yes" please indicate _____

Name of School District or BOCES   Date Tenure Conferred

_____

Your Signature   Today's Date

REFERENCES

Give the names of four persons who closely observed your work as a professional or as a student. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will please include student teaching supervisor's name.

	1	2	3	4
Name				
Official Position				
Present Address and Zip Code				
Phone # & Area Code				
Office Use Sent / Rec'd				

APPLICANT'S STATEMENT

Provide any additional information which may be of value in our consideration of your application.

CANDIDATE'S DECLARATION

I hereby certify that facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification, misrepresentation or omission will be sufficient cause for appropriate disciplinary action, including dismissal, regardless of when discovered. I hereby authorize you to check the information contained in this application.

Date: _____   _____

                                    Signature of Applicant