

EMPLOYMENT APPLICATION

POSITION REFERENCE

Teaching <input type="checkbox"/>	Teaching Assistant <input type="checkbox"/>
Substitute Teaching <input type="checkbox"/>	Other <input type="checkbox"/>

<i>Subject</i>	

Administration <input type="checkbox"/>

<i>Position</i>

Coach <input type="checkbox"/>	Tutor <input type="checkbox"/>
Other <input type="checkbox"/>	

<i>Position</i>	

PERSONAL INFORMATION

Name _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Email _____		
Present Mailing Address _____		Tel. _____
<i>(Include Zip Code)</i>		<i>(Include Area Code)</i>
Permanent Mailing Address _____		Tel. _____
<i>(Include Zip Code)</i>		<i>(Include Area Code)</i>
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 <input type="checkbox"/> No <input type="checkbox"/> If No, explain:		
Do you have a legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain: _____		
Did you receive a dishonorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>(A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision.)</i>		
Are you an exempt volunteer firefighter? <i>(Civil Service Law Section 75)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		

CERTIFICATION/LICENSE

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

	Area	Date Issued
Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certificate of Qualification <input type="checkbox"/>		
Initial <input type="checkbox"/> Professional <input type="checkbox"/> Transitional <input type="checkbox"/>	_____	_____
Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certificate of Qualification <input type="checkbox"/>		
Initial <input type="checkbox"/> Professional <input type="checkbox"/> Transitional <input type="checkbox"/>	_____	_____
If you do not have a New York State Teaching Certificate, have you made application for one? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have an evaluation of your NYS certificate status? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes, enclose a copy)</i>		
Other licenses held; type and issuing authority: _____		
Have you received fingerprint clearance from the New York State Education Department? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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

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

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

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)

I hereby affirm that the information provided on this application and accompanying resume materials is true and complete to the best of my knowledge. I acknowledge that any false or misleading information, or significant omissions, may disqualify me from further consideration from employment, or be considered grounds for dismissal if investigated and/or discovered at a later date. I authorize Whitesboro Central School District to investigate and obtain copies of records relating to my employment history, credit record, and education, and to investigate any other information provided in connection with this application. I agree to cooperate in such investigation. I authorize all former employers, credit agencies and educational institutions to provide job-related information to the Whitesboro Central School District. I release them and the Whitesboro Central School District from all liability for supplying or requesting such information as part of such an investigation.

Applicant's Signature

Date

Please return completed application to:

**Whitesboro Central School
Assistant Superintendent
65 Oriskany Blvd. Suite 1
Whitesboro, NY 13492**

Whitesboro Central School District is in compliance with Title IX and Section 504 and is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, disability, or any other legally protected status.