

RyeNeck Schools

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Employee Job Application

Date _____

I. POSITION PREFERENCE (select one; please include desired position or subject)

- Administrative
 - Desired position: _____
- Teaching
 - Desired subject: _____
- Teaching Assistant
 - Desired position: _____

II. PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Have you been fingerprinted since July 1, 2001 for a school district, BOCES or teacher certificate in New York State?

YES ___ NO ___

Have you ever been convicted of a crime?

YES ___ NO ___

If yes, explain: _____

III. REFERENCES

List individuals having supervisory knowledge of your professional training, ability, and experience. Include the name, address, and telephone number of your last supervisor who may be contacted for a reference.

Name: _____	Title: _____	City/State: _____	Phone: _____
Name: _____	Title: _____	City/State: _____	Phone: _____
Name: _____	Title: _____	City/State: _____	Phone: _____
Name: _____	Title: _____	City/State: _____	Phone: _____

IV. CERTIFICATION & LICENSE

I hold the following New York State Teaching/Teaching Assistant/Administrative Certificate(s) listed below:

Certification Area: _____	Initiation, Prov, Perm, Prof, Pending: _____	Date Issued: _____
Certification Area: _____	Initiation, Prov, Perm, Prof, Pending: _____	Date Issued: _____
Certification Area: _____	Initiation, Prov, Perm, Prof, Pending: _____	Date Issued: _____

Please select what apply:

SAS SDA SBA
 SBL SDL Other

If you do not have a New York State Certificate, have you filed an application for one:

YES _____ NO _____

If you presently hold certification in other states, please list: _____

Are you a member of:

- New York State Teachers Retirement System (*select one*):
 YES _____ NO _____
 If yes, what is your Retirement Number: _____
- Other Retirement System: _____ Retirement Number: _____

V. EDUCATIONAL PREPARATION

Please use the below to complete all levels of education, starting with most recent:*

Name of School (including city and state)	Course of Studies	Degree	Date Granted

* Please provide copies of official transcripts for graduate programs and undergraduate programs.

TEACHING OR ADMINISTRATIVE EXPERIENCE

Please list all full time teaching and administrative experience starting with the most recent first. Please do not include per diem substitute experience.

School District (Name, Address, Phone)	Start Date	End Date	Position Held (please indicate subject or grade)	Reason for Leaving	Supervisor's Name

Please list other work experience below. This includes business, trades, summer occupations, publications, and lecturing.

Date Range	Firm or Institution	Nature of Work

TENURE STATUS

Were you ever granted tenure in a public school or Board of Cooperative Education Services in New York?
(select one)

YES ___ NO _____

If yes, name of the school district of Board of Cooperative Educational Services: _____

Where you ever dismissed from a school district or Board of Cooperative Educational Services pursuant to Education Law section 3020-a? (select one)

YES ___ NO _____

PLEASE READ CAREFULLY; SIGN AND DATE BELOW.

I understand that the Rye Neck School District will be making an extensive inquiry regarding my background and experience and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the school district and will not be released to me unless required by federal or state statutes or regulations.

I certify that all answers given are true and complete. I authorize investigation of all statements contained in this application for employment that may be necessary in arriving at the employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge from the position. I understand, also, that I am required to abide by all rules and regulations of the employers – The Rye Neck Union Free School District.

Date: _____

Signature: _____

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The page is for office use only; to be completed at final interview.

RYE NECK UNION FREE SCHOOL DISTRICT | OFFICE OF HUMAN RESOURCES

- | | |
|-------------------------------------|-------------|
| 1. References checked: _____ | Date: _____ |
| 2. Applicant Offered Position _____ | Date: _____ |
| 3. Accepted or Withdrew _____ | Date: _____ |
| 4. B/E Meeting _____ | Date: _____ |

Name of Candidate: _____
Position Title: _____
Assignment: _____
Replacing: _____ (or new position) _____
Probationary Period: State Date: _____ End Date: _____

Certification:

(Select one)

Initial Professional Provisional Permanent

(Select if applicable)

SAS SBA SDA SBL SDL

Salary Step _____

Fingerprint Check: In Process Obtained Clearance

Sports: _____

Foreign Languages: _____

Hobbies or Skills: _____