APPLICATION
STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 Williams Road, PO Box 732
Munnsville, New York 13409
Phone (315) 495-4400

Application for position as:
Position(s) Desired (in order of preference)

1. _____

2. _____

Date: _____

Personal Data:

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (PO Box) (City) (Zip)

Current Phone #: _____ Cell Phone#: _____ U.S. Citizen: Yes No

SSI #: _____ NYS Retirement #: _____

Please complete all items on this application form:

Are you capable of performing the essential functions of the job or occupation for which you applied, either with or without a reasonable accommodation? Yes No

Have you ever worked in a school setting before? Yes No

Have you ever been employed in the position(s) applying for? Yes No
If yes, where? _____
If yes, can we call? Yes No
If yes, please list phone # and address: _____

Have you graduated from high school? Yes No
If yes, name and location of high school: _____ Year graduated: _____

Do you have a high school equivalency diploma? Yes No
If yes, issuing governmental authority _____ Number: _____
Date of issue: _____

College University, Professional or Technical School or Other Schools or Special Courses:

Name of School or College and Address	Dates of Attendance	Course/Subject	Number of College Credits	Degree Received	Date Degree Received

Work Experience: Beginning with your most recent employer:

Dates of Employment	Employer	Address (Include City & State)	Phone No.
Hours Per Week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities: _____

_____

_____

Reason for leaving: _____

Dates of Employment	Employer	Address (Include City & State)	Phone No.
Hours Per Week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities: _____

_____

_____

Reason for leaving: _____

Dates of Employment	Employer	Address (Include City & State)	Phone No.
Hours Per Week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities: _____

_____

_____

Reason for leaving: _____

References (Please list references who would have knowledge of you qualifications for position)

Name	Address & Phone No.	Position

Moral Character Determination

	Yes/No
Have you ever been convicted of any violation of law? If yes, date of conviction: Court:	
Have you ever been convicted of a crime involving sexual offenses related to endangering the welfare of a child?	
Have you ever been dismissed from, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct?	
Are you the subject of any pending investigation and/or disciplinary charges(s) pertaining to employment?	
Have you ever been found guilty after trial, or pleaded guilty, no contest, nolo contendere, or had adjudication withheld to a crime (felony or misdemeanor) in any court?	
Do you currently have any criminal charge(s) pending against you?	
Have you ever had an application for a teacher, professional or vocational credential (ie. license, certificate or registration) in New York or any other jurisdiction denied?	
Have you ever surrendered a teacher, professional or vocational credential (ie. license, certificate or registration) or had such credential revoked, suspended, invalidated or otherwise subjected to a disciplinary penalty in any jurisdiction?	
Are you the subject of any pending investigation and/or disciplinary charge(s) for professional misconduct in any jurisdiction?	
Explanation:	

Post offer, pre-employment medical examinations are required for certain classifications pursuant to Board Policy.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I acknowledge that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons and institutions requesting or supplying such information.

_____ _____

Applicant's Signature Date

Non-Discrimination Statement:

The Stockbridge Valley Central School District declares that it will not discriminate on the basis of age, race, creed, religion, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.