



## PROFESSIONAL APPLICATION

### DIRECTIONS:

- ✓ Please complete application
- ✓ Attach the following credentials:  
Resume, Copy of Certification, Transcripts and  
Fingerprint Clearance from NYSED
- ✓ Be certain to answer the essay question in your  
own handwriting
- ✓ Submit all information to:  
Mr. Anthony White  
Assistant Superintendent for Educational Services  
1500 Route 208, PO Box 310  
Wallkill, New York 12589  
Telephone: (845) 895-7103  
Fax: (845) 895-8053

### BACKGROUND INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER [Optional]: \_\_\_\_\_

- POSITION DESIRED:
- Elementary School (K-6)
  - Middle School (7-8)
  - High School (9-12)
  - Special Education  (K-6)  (5-9)  (7-12)
  - Administration

SUBJECT OR GRADE PREFERRED: \_\_\_\_\_

**EDUCATION:**

NAME & LOCATION OF SCHOOL	DEGREE OR CREDITS EARNED	MAJOR & MINOR

**WORK EXPERIENCE:**

NAME & LOCATION OF PLACE OF EMPLOYMENT	DATES OF SERVICE	NATURE OF WORK	REASON FOR LEAVING

**REFERENCES: [Please include name, address and telephone number]**

1.	2.	3.

Have you ever received tenure from another school district?  Yes  No

Date Tenure Received: \_\_\_\_\_ Subject Area Tenure Received In: \_\_\_\_\_

Did you participate in a mentoring program in another school district?  Yes  No

School District: \_\_\_\_\_ Dates of Mentoring: \_\_\_\_\_

Please forward proof (documentation) of tenure and/or mentoring to the Office of Educational Services.

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations?  Yes  No

Please describe any accommodations required: \_\_\_\_\_

I feel qualified to direct the following Extra-Curricular Activities: \_\_\_\_\_

**The Wallkill Central School District does not discriminate against any employee or applicant on the basis of race, color, national origin, creed, religion, gender, marital status, age, disability, sexual orientation, military status, or pre-disposing genetic characteristics.**

**NYS CERTIFICATE INFORMATION: Please copy directly from the certificate.**

AREA	TYPE	EFFECTIVE DATE
1.	_____	_____
2.	_____	_____
3.	_____	_____

**If you do NOT have a current New York Teaching certificate, please complete the section below.**

**CERTIFICATION REQUIREMENTS:**

I have completed all of the requirements for NYS Certification as of \_\_\_\_\_, including each of the following:

1.	I have graduated with a Bachelor's Degree from a NYS registered/accredited four year college or university with an approved teacher's education program.	YES	NO
2.	I have completed an approved student teacher assignment or internship.	YES	NO
3.	I have taken and passed all required parts of the NYS Teacher Certification Examination.	YES	NO
4.	I have completed the Identification and Reporting of Child Abuse workshop (copy of certificate attached).	YES	NO
5.	I have completed the Schools Violence Prevention and Intervention (SAVE) workshop	YES	NO
6.	I have submitted an application and the required fee to the NYS Department of Education.	YES	NO
7.	I have a letter from my college or university stating I have completed all necessary requirements.	YES	NO

**Applicants must complete:**

Have you ever been convicted of or pled guilty to any misdemeanor or felony?  Yes  No

If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

What was the disposition? \_\_\_\_\_

- I have never been fingerprinted. I understand that, upon hire, I must immediately apply to the New York State Education Department website at: <http://www.highered.nysed.gov/tcert/teach/> and submit an application for fingerprint clearance. Upon receipt of payment confirmation, I will contact the Wallkill Central School District at (845) 895-7105 to make arrangements to be fingerprinted.

**OR**

- I have been previously fingerprinted [after July 1, 2001] and received clearance from the New York State Education Department. I understand that I must contact the Wallkill Central School District at (845) 895-7101 to authorize fingerprint clearance for employment at the Wallkill Central School District.

**I understand that a false statement on this application constitutes grounds for immediate dismissal.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

