

# EMPLOYMENT APPLICATION

1313 Utica Street  
Oriskany, NY 13424

## POSITION PREFERENCE

Teaching   
Substitute Teaching   
Subject \_\_\_\_\_

Administration   
Position \_\_\_\_\_

Non-Teaching   
Position \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_  
*Last First Middle*

Present Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
*(Include Zip Code) (Include Area Code)*

Permanent Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
*(Include Zip Code) (Include Area Code)*

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  No  If no, explain: \_\_\_\_\_

Do you have a legal right to work in the United States? Yes  No

Have you ever been denied tenure or resigned in order to avoid termination? Yes  No

Have you ever been convicted of a crime, felony or misdemeanor? Yes  No  If yes, explain: \_\_\_\_\_

\* None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities.

Did you receive a dishonorable discharge? Yes  No  N/A   
*(A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision.)*

Are you an exempt volunteer fireman? (Civil Service Law Section 75) Yes  No

## CERTIFICATION/LICENSE

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

	Area	Date Issued
Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certification of Qualification <input type="checkbox"/>	_____	_____
Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certification of Qualification <input type="checkbox"/>	_____	_____

If you do not have a New York State Teaching Certificate, have you made application for one? Yes  No

Do you have an evaluation of your NYS certificate status? Yes  No  *(If yes, enclose a copy)*

Other licenses held; type and issuing authority: \_\_\_\_\_

## 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

List most recent experience first.

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

## 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: \_\_\_\_\_

Name and address of school district where tenure was granted: \_\_\_\_\_

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a? Yes  No

## PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

*(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.)*

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## OTHER SKILLS AND ABILITIES

*(e.g., coaching, ability to use sign language)*

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## REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Telephone

May we refer to your present employer? Yes  No

May we refer to your former employer(s)? Yes  No

Placement Folder may be secured from: (Name and Address) \_\_\_\_\_

