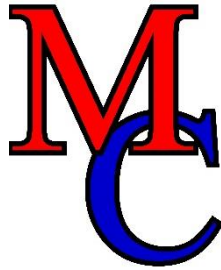


**MIDDLE COUNTRY CENTRAL
SCHOOL DISTRICT
Centereach, New York 11720**



APPLICATION FOR PROFESSIONAL APPOINTMENT*

Name _____
Last
First
Middle

Present Mailing Address

Permanent Mailing Address

Street	Street
City State Zip	City State Zip
Telephone	Telephone

POSITION PREFERENCE

Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Substitute	<input type="checkbox"/>
Elementary	<input type="checkbox"/>	Middle	<input type="checkbox"/>	High School	<input type="checkbox"/>
K <input type="checkbox"/> 1-5	<input type="checkbox"/>	6-8	<input type="checkbox"/>	9-12	<input type="checkbox"/>

Other (Specify) _____
 (E.g.: Administrative-Guidance-Psychologist)

CERTIFICATION (If pending so indicate)

State	Date Expires	Subject Validity	Certificate Number

**Applicants may request any needed accommodation to participate in the application process*

EDUCATIONAL AND PROFESSIONAL TRAINING

	Name and Location	Courses and Major Subject	Degree Received
High School			
College			
Graduate School			
Other			

GRADUATE: Check scholastic average of all college work: A A- B+ B C+ C C-

UNDERGRADUATE: Check scholastic average of all college work: A A- B+ B C+ C C-

TEACHING EXPERIENCE

(List all experience starting with the most recent)

Employer and Location	Nature of Work

STUDENT TEACHING

(If fewer than 3 years of regular full-time employment, include student teaching experience)

School Year	Name and Location of School	Subject

RELATED PROFESSIONAL EXPERIENCE

(Educational lectures, addresses, publications, organization memberships, committee chairmanships or memberships, participation in education experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation, etc. which are relevant to your ability to perform in the position for which you are applying.)

PRIOR TENURE RECORD

(All applicants must complete and sign the following statement in order to assure compliance with provisions of Sections 3012, Subdivision 1, of the Educational Laws of the State of New York.)

Have you ever received TENURE in any School District or Board of Cooperative Education Services (BOCES) anywhere in the New York State? Yes No

If "yes", please indicate _____
(Name of School District or BOCES) (Area Tenure Received)

Signature

Today's Date

OTHER WORK EXPERIENCE

(Business, trades, summer occupations which are relevant to your ability to perform in the position for which you are applying.)

ADDITIONAL QUALIFICATIONS

Please list extra-curricular activities that you could direct (Sports, teams, clubs, etc.)

1.	2.	3.
4.	5.	6.

PROFESSIONAL REFERENCES

Name of Supervisor or Principal

Address & Phone

School System

UNITED STATES ARMED SERVICE RECORD

Number of Years

Branch

Highest Rank

Total Months

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Did you receive a Dishonorable Discharge? Yes No

*Dishonorable Discharge is not an automatic bar to employment. Other factors will affect the final decision.
Please indicate any relevant skills or experience you may have acquired in the Service.*

APPLICANT'S STATEMENT

Please provide any additional information which you think might be of value in our considering you for a position.

	YES	NO
*-Are you legally permitted to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
-Are you related to any employee or member of the Board of Education?..... (If yes, please specify the type of relationship. For example: Spouse, parent, sibling, child, aunt, uncle, grandparent or cousin) _____	<input type="checkbox"/>	<input type="checkbox"/>
** -Have you ever been convicted of or pled "GUILTY" or pled "NO CONTEST" to any offense (Felonies, Misdemeanors and Violations-except minor traffic infractions) in this state or elsewhere?...	<input type="checkbox"/>	<input type="checkbox"/>
-Are any criminal charges pending against you in this state or elsewhere?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Has a Family Court ever rendered a finding indicating you have abused or neglected a child?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have you ever had any professional certificate or license denied, revoked or suspended?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have you ever been discharged or required to resign from any position for reasons other than a lay off due to reduction in the work force?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have disciplinary charges ever been preferred against you by an employer?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Where you found guilty of the disciplinary charges?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have you ever resigned from a position as an alternative to facing charges or dismissal?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have you ever been disqualified for employment in any civil service position?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have you ever received an unsatisfactory rating in conjunction with any employment?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have you ever been discontinued from any probationary service or denied tenure?.....	<input type="checkbox"/>	<input type="checkbox"/>
-Have you ever resigned as an alternative to termination of your probationary appointment?.....	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the facts and responses set forth in this application, or otherwise made by me, are true and complete to the best of my knowledge and belief. I authorize the investigation of all statements contained in this application, or otherwise made by me, as may be necessary in arriving at an employment decision. I understand that any false statements by me constitute sufficient cause for the rejection of this application or, if employed, grounds for dismissal. Filing an application does not guarantee employment. Placement on a substitute list does not guarantee full time employment.

Date

Signature of Applicant

Your application will remain on file for one year.

Please Mail completed application to:

**Personnel Department
District Office
8 43rd Street
Centereach, New York 11720**

**Or Fax completed application to:
1(631)738-2440**

This Middle Country Central School District, Centereach, New York 11720, does not discriminate on the basis of race, color, national origin, age, physical and/or mental disability or sex in its educational programs or employment.

*Proof of lawful employment eligibility will be required upon employment in accordance with the Immigration Reform and Control Act of 1986.

**A conviction or an arrest is not an automatic bar to employment. Other factors will be considered.