

FOR  
OFFICE USE  
ONLY

Date \_\_\_\_\_

Classification: \_\_\_\_\_  
Interview by: \_\_\_\_\_  
# of Graduate Hours \_\_\_\_\_  
PHd/Ed.D. \_\_\_\_\_

Master's \_\_\_\_\_  
SDA \_\_\_\_\_  
Column/Step: \_\_\_\_\_  
CSA \_\_\_\_\_

NAME: \_\_\_\_\_  
Interview by: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_



Ellicottville Central School  
5873 Route 219  
Ellicottville, NY 14731  
Phone: 716-699-2316  
Fax: 699-5423

# Employment Application Form

## POSITION FOR WHICH YOU ARE APPLYING

TEACHER \_\_\_\_\_

SUBSTITUTE \_\_\_\_\_

Specialty Area(s): please indicate \_\_\_\_\_

Special Education \_\_\_\_\_

Itinerant \_\_\_\_\_

TEACHER ASSISTANT \_\_\_\_\_

TEACHER AIDE \_\_\_\_\_

CLERICAL \_\_\_\_\_

ADMINISTRATIVE \_\_\_\_\_

OTHER \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: Last, First, Middle Social Security #

Home Phone #

Daytime Phone #

Home Address: Street City State Zip Code

Business Address: Street City State Zip Code

Permanent Address: Street City State Zip Code

E-Mail address: \_\_\_\_\_

If hired, can you provide the documents required to prove that you are authorized to work in the U.S?

Yes

No

Do you have a drivers license? (circle)

Yes

No

If yes, what type of license? (circle)

Operator's

Commercial

Issuing State: \_\_\_\_\_

Class: \_\_\_\_\_

Do you have any physical, medical or mental condition which may limit your ability to perform the particular job for which you are applying? If yes, describe such condition and explain how you can adapt to perform the job for which you are applying. \_\_\_\_\_

Have you ever been convicted of a crime (circle)?

Yes

No

If yes, please give details: \_\_\_\_\_

Have you ever been denied tenure?

Yes

No

Have you ever been asked to discontinue employment?

Yes

No

## EDUCATIONAL BACKGROUND

High School/University/College:

Degree or Diploma:

Field or Major:

# of Graduate School Credits: \_\_\_\_\_

## MILITARY

Branch of U.S. Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Present Military Classification: \_\_\_\_\_

Primary Military Occupational Specialty: \_\_\_\_\_

## CERTIFICATION INFORMATION:

*If position you are seeking requires certification, the following materials must accompany this application:*

- Placement file/transcripts
- Copy of valid teaching certificate/license
- Resume

Do you hold a valid N.Y. State Teaching Certificate/License? (circle)

Yes

No

If yes, please indicate:

Area:	Permanent	Provisional	Prov. Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any valid certificates currently held in other states:

Area: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Did you ever acquire tenure in a New York State District? (circle)

Yes

No

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

Tenure areas? \_\_\_\_\_

Have you successfully completed the Core Battery NTEs/NYSTCE? (circle)

Yes

No

Have you taken the two-hour seminar on the identification of child abuse & neglect? (circle)

Yes

No

**WORK EXPERIENCE (list the most recent positions first)**

***This section must be completed in full - do not indicate "see resume".***

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

**REFERENCES (list three non-relatives willing to recommend you):**

Name

Address

Phone (home/business)

_____	/	_____
_____	/	_____
_____	/	_____

**ADDITIONAL INFORMATION:**

Salary Expected? \_\_\_\_\_

Date Available? \_\_\_\_\_

If a member:

ERS# \_\_\_\_\_ TRS# \_\_\_\_\_

Why do you feel you should be hired for this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of this opening?

Newspaper (classified) \_\_\_\_\_

Vacancy Notice \_\_\_\_\_

Teacher Recruitment \_\_\_\_\_

College Placement Office \_\_\_\_\_

BOCES Employee \_\_\_\_\_

Other (describe) \_\_\_\_\_

*I understand that Ellicottville Central School District will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted below, to provide any information requested about me, and I release them from all liability for damage in providing this information.*

Can the Ellicottville Central School District contact your current employer? (circle)

Yes

No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The Ellicottville Central School District will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

*All applications should be forwarded to the Superintendent's Office.*