



PO Box 300
Boiceville, NY 12412

Phone (845) 657-6383
Fax (845) 657-8742

Please complete and return to the Personnel Office

PROFESSIONAL APPLICATION

POSITION PREFERENCE

<p>ELEMENTARY/INTERMEDIATE K <input type="checkbox"/> 1-6 <input type="checkbox"/></p> <p>Subject (if applicable) _____</p>	<p>MIDDLE/HIGH SCHOOL 7-12</p> <p>Subject (S) _____ _____</p>	<p>OTHER i.e., Guidance, Psychologist, Administrative/Supervisory</p> <p>Specify: _____</p>
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PERSONAL INFORMATION

Name: _____
Last First Middle

Other Name(s): _____
Additional information relative to change of name, assumed name or nickname

Mailing Address: _____
_____ Telephone#: _____

Permanent Address: _____
_____ Telephone#: _____

Social Security Number: _____ N.Y.S Retirement System Member? Yes
If so, Indicate #: _____ No

Estimate your total absence from work or school for the last five years _____

Are you a U.S. Citizen? Yes No

If not, indicate what type of visa and alien registration number _____

CERTIFICATION (if pending, please indicate)

State	Date Issued	Type (Prov. – Perm)	Subject Validity	Certificate Number

Applicants must bring original Teacher Certification to a scheduled interview so that a certified copy can be made and included with this application.

EDUCATION

Dates Attended	High School, College or University	Major Field	Date Graduated	Degree

Applicants must bring official transcript from each college attended to a scheduled interview so that copies can be made and attached (or applicant can arrange for the transcripts to be forwarded).

TEACHING OR PROFESSIONAL EXPERIENCE

Number of Years	Dates	Name of School	Grade(s), Subject, Program

TENURE STATUS

Have you ever received a Tenure Appointment? Yes No

If yes, name of School District _____

Date of Permanent Appointment _____ Tenure Area _____

The resolution or letter proving your tenure must accompany this application (applicable only if applying for full time position)

STUDENT OR PRACTICE TEACHING

Date(s)	Name of School	Supervisor	Grade(s), Subject, Program

WORK EXPERIENCE (as adult, other than Teaching or Professional)

Date(s)	Location	Position

REFERENCES

List three persons, not employed by Onteora Central School District, who are knowledgeable as to your teaching experience, professional experiences or academic background.

Name _____ Position _____

Address _____

Telephone Number _ () _____

Name _____ Position _____

Address _____

Telephone Number _ () _____

Name _____ Position _____

Address _____

Telephone Number _ () _____

HOBBIES, INTERESTS, EXTRA CURRICULAR SPECIALITIES

MILITARY SERVICE

Service Dates _____ to _____ Branch _____ Rank/Rating _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with physical or mental handicaps.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

CRIMINAL RECORD

Have you ever been convicted of a felony? Yes No

If yes, give disposition of each charge on a separate sheet of paper and attach same.

Have you completed New York State mandated fingerprinting process? Yes No

If yes, when and where? _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the district.

Signature of Applicant

Date of Signature