

Shelter Island Union Free School District

33 North Ferry Road
 PO Box 2015
 Shelter Island, NY 11964

631/749-0302
 www.shelterisland.k12.ny.us

Faculty Employment Application

Date _____

1. PERSONAL DATA: Mr./Ms./Dr. _____ Social Security Number ____ - ____ - ____

 Last Name First I. Other Names

Current Address (To be used until _____)

 Physical Location Number & Street Mailing Address (if different)

 City State Zip Code

(____) _____ (____) _____ _____
 Current Phone Permanent or Cell Phone e-mail address

2. POSITION SEEKING:

Elementary Education _____ Special Education _____
 Middle School _____ High School _____

 Subject Grade Preferred YES _____ NO _____
 Certified? _____ Certifiable? _____
 (Attach a Copy of Certificate)

Have you ever been dismissed or asked to resign? Yes ___ No ___

If your answer to the above question is "Yes", please provide details on a separate sheet of paper, and return with this application.

3. EDUCATIONAL BACKGROUND (Please include a transcript of credits earned from each college)

A readable photocopy is acceptable for evaluation of your application. All transcripts become the property of the Shelter Island School District. Final official transcripts are required for employment and verification of placement on the salary schedule. Attach a resume.

Schools Attended High School/College(s)/ Post Graduate	Location City/ State	Attendance From To	Credits Earned	Major	Graduation Mo./Year	Degree

4. CERTIFICATION (Enclose a copy of certificate) List only current, valid certificates

NYS Certificate Held	Areas of Certification	Date	
		Issued	Expired
Other professional licenses or certificates			

5. Student Teaching/practicum/clinical experience:

6. MILITARY SERVICE: Branch _____ Years of full-time service _____

7. TEACHING/PROFESSIONAL EXPERIENCE:

(Do not include student teaching or per diem substitute teaching) List professional experiences chronologically, beginning with the most recent experience. Please be sure of accuracy of dates.

Name of School	School System With Address & Phone	Grade and/or Subject	From Mo./Year	To Mo./Year	Hours Per Week	Reason for Leaving	Principal/Supervisor

8. RELATED WORK EXPERIENCE:

Employer	Position	Date		Reason for Leaving
		From	To	

9. PROFESSIONAL REFERENCES:

Please provide three professional references (college professors, student teacher coordinator, cooperating teachers, school administrators, supervisors). Personal references are not acceptable.

Name	Title	Address	Phone

10. ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE UNITED STATES?

YES _____ NO _____

If your answer is "no", do you have authorization to work in the United States?

YES _____ NO _____

11. PROFESSIONAL/TEACHING CERTIFICATE/LICENSE REVOCATION/SUSPENSION:

Are you now, or have you ever been, the subject of a professional/teaching certificate or license revocation or suspension proceeding?

YES _____ NO _____

Have you had a professional/teaching certificate or license revoked, suspended, or voluntarily suspended?

YES _____ NO _____

12. CRIMINAL BACKGROUND INVESTIGATION:

Have you ever been convicted of a crime, felony or misdemeanor? YES_____NO_____

Are you now a Defendant facing pending criminal charges in any Court? YES_____NO_____

13. Pre-Interview Questionnaire: Use additional paper as necessary.

What do you believe to be the parent's role in education?_____

Please briefly list what you believe to be your 4 greatest strengths as an educator?

Do you have a system of organization that you use to accomplish tasks?_____ Please explain how you organize your time to meet deadlines?_____

Please briefly list the 4 things you desire most in a work environment and hope to find with Shelter Island School?_____

Do you see your role as an educator as a (select the best choice):
___director of the students' education ___education facilitator ___educational consultant

Please explain your choice:_____

14. AFFIRMATION AND AUTHORIZATION:

I hereby affirm that all information given by me in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial of employment or discharge.

I authorize my current and all former employers and my references to furnish the Shelter Island School District with information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment; hereby releasing them and the Shelter Island School District from all liability and responsibility arising from any information provided.

Date

Signature of Applicant

The Shelter Island Union Free School District does not discriminate in hiring on the basis of race, color, religion, sex, national origin, age, disability, veteran status or status in any other group protected by federal, state, or local law.