

Date		

EMPLOYMENT APPLICATION

POSITION PREFERENCE

	Teaching Assistant Substitute Teaching	Administration Position	Coach Other	Tutor Position		
PERSONAL INFORMATION						
Name						
Las	ıt .	First		Middle		
Present Mailing Address (Include Zip Code)						
_	City	State	Zip Code	Tel(Include Area Code)		
Permanent Mailing Address(Include Zip Code)						
	City	State	Zip Code	Tel(Include Area Code)		
Social Security No		NYS Retirement S	System 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						
If you are an alien with a legal right to work in the United States, and are applying for a teaching position, do you intend to apply for United States Citizenship? Yes \(\sqrt{\sq}}}}}}}}}}} \signtarightint{\sqrt{\sq}}}}}}}}}}}}} \signtarinftint{\sqrt{\sq}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}						
Have you ever been convicted of a crime? Yes ☐ No ☐ If yes, explain: ☐						
Did you receive a dishonorable discharge? Yes \(\square\) No \(\square\) N/A \(\square\) (A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision.)						
Are you an exempt voluntee	er firefighter? (Civil Service Law	Section 75) Yes	No □			

CERTIFICATION/LICENSE

I hold the New York State Teaching/Administrative Certificates(s) described below: (provide copies) **Date Issued** Area Permanent Provisional Certification of Qualification П Professional П Initial **Transitional** Permanent Provisional Certification of Qualification Initial Professional **Transitional** No \square If you do not have a New York State Teaching Certificate, have you made application for one? Yes \Box Do you have an evaluation of your NYS certificate status? Yes No \square (If Yes, enclose a copy) Other licenses held; type and issuing authority: Have you received fingerprint clearance from the New York State Education Department? Yes No \square **EDUCATIONAL PREPARATION** Did You Name and Location of School Nature of Studies High school Graduate? Name and Location of School Did You College (Undergraduate)* **Dates Attended** Nature of Studies Degree Graduate? College (Graduate)* Vocational/Technical/Trade* *Provide copy of transcripts (substitute teachers excluded). **TEACHING OR ADMINISTRATIVE EXPERIENCE** List most recent experience first. Include any substitute or part time teaching, and indicate as such. **Dates Employed** Employer's Name & Address Specific Nature of Position Reason for Leaving Salary

OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving		
	TENU	JRE STATUS			
	appointed on tenure in a public school district in N				
Were you ever	Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a? Yes □ No □				
Name and add	ress of school district where tenure was granted: _				
PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS (Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.)					
		LS AND ABILITI g, ability to use sign language)	ES		

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 at this	time? Yes No No				
May we refer to your former employer(s) at thi	s time? Yes No No				
Placement Folder may be secured from: (Nam	ne and Address)				
	MICCION CTATE	MENT			
'	MISSION STATE	WENI			
To inspire, cu	ltivate, and empower all learners to	maximize their potential.			
	VISION STATEM	IENT			
Together with our community, the	e Whitesboro Central School District p	provides a dynamic, comprehensive program			
committed to relevant, engaging, individualized experiences, while fostering a culture of personal and professional growth in a safe, diverse, positive learning environment.					
APPLICANT'S STATEMENT					
(Give any additional information that you think might be of value in considering you for a position. If necessary, attach an additional sheet of paper.)					

I hereby affirm that the information provided on this application and accompanying resume materials is true and complete to the best of my knowledge. I acknowledge that any false or misleading information, or significant omissions, may disqualify me from further consideration from employment, or be considered grounds for dismissal if investigated and/or discovered at a later date. I authorize Whitesboro Central School District to investigate and obtain copies of records relating to my employment history, credit record, and education, and to investigate any other information provided in connection with this application. I agree to cooperate in such investigation. I authorize all former employers, credit agencies and educational institutions to provide job-related information to the Whitesboro Central School District. I release them and the Whitesboro Central School District from all liability for supplying or requesting such information as part of such an investigation.

Applicant's Signature	Date

Please return completed application to:
Whitesboro Central School
Assistant Superintendent
65 Oriskany Blvd. Suite 1
Whitesboro, NY 13492

Whitesboro Central School District is in compliance with Title IX and Section 504 and is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, disability, or any other legally protected status.

8/23