

SENECA FALLS CENTRAL SCHOOL

P.O. BOX 268

SENECA FALLS, NEW YORK 13148

TEACHER APPLICATION

It is important that the application be filled out completely

Thank you for your interest in serving the children of the Seneca Falls Central School District. If you have any questions regarding the application, please call the district office (315) 568-5818.

Applying for:

Teacher	Teaching Assist.	Tutor

FULL NAME: _____ Tel.: _____

ADDRESS: _____

Street/City/State/Zip

E-mail: _____

Social Security # _____ Are you presently employed? ☐ Yes ☐ No

If yes, please indicate employer: _____

EDUCATIONAL AND PROFESSIONAL TRAINING:

NAME	LOCATION	YRS. ATTENDED	DIPLOMA/DEGREE
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High School _____

Jr. College _____

College _____

Special _____

Major Field of Preparation: _____

Other Areas _____

Type of Certification: _____

Certification #: _____ TEACH ID# _____

PLEASE PROVIDE THE DISTRICT OFFICE WITH A COPY OF YOUR TEACHER CERTIFICATION. If you are not certified, please provide college transcripts showing any college credit.

Are you a member of N.Y.S. Teachers' Retirement System? ☐ Yes ☐ No

If yes, please indicate membership number: _____

Have you ever been granted a tenure appointment in New York State? ☐ Yes ☐ No

If yes, when and where: _____

Professional References: Placement and Registrars' Office should be notified to forward your credentials and transcripts to the Chief School Office at the above address.

Please list all teaching and non-teaching work experience: (Most recent first)

Level & Subject	Employer	Dates	Location

Have you ever been terminated or released from a prior school district?

☐ Yes ☐ No

If yes, reason for termination or release:

Have you ever been found guilty and/or have you ever pleaded guilty to disciplinary charges brought against you under Section 3020-a of the Education Law or Section 75 of the Civil Service Law? ☐ Yes ☐ No

Have you ever resigned as an alternative to facing charges or dismissal?

☐ Yes ☐ No

References: Please provide three references minimum. (Include especially Superintendent and Principal under whom you worked)

Name	Position		Telephone or e-mail.

The District reserves the right to contact any prior employers and/or the personal references listed.

Please give a statement covering any additional points that would assist the District in evaluating your suitability for a position, including such things as: 1. Why do you want to teach in our district? 2. Special experience, training, or interest not mentioned elsewhere.

I hereby certify that the facts on this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered grounds for dismissal. I have no objections to necessary inquiry regarding my character and qualifications.

Signature _____ **Date** _____

Employment discrimination because of race, color, religion, national origin, sex, age, or mental/physical disability is prohibited by Law. Positions of employment are subject to all applicable Laws, Regulations of the Commissioner of Education, Civil Service Regulations, Board of Education Resolutions/Policies, Administrative Regulations, and Contracts of Agreements

District Office Use Only

RESUME	
TRANSCRIPTS	

MASTERS	
BACHELORS	
CERTIFICATION	
PERMANENT	
INITIAL	
PROFESSIONAL	
SALARY STIPEND	
GRADUATE STIPEND	
FINGERPRINTS	