ELWOOD PUBLIC SCHOOLS
100 Kenneth Avenue
Greenlawn, New York 11740-2900
Telephone: (631) 266-5400 Ext. 1403
Fax: (631) 266-3834

Human Resources Office

Dear Applicant:

We are pleased that you are interested in substitute work in the Elwood Schools. Attached is an Application for Professional Appointment, together with various related forms. Along with the completed application and forms, you will need to supply us with the following:

1. Copies of at least two written letters of reference. Recent letters are preferred. We need a letter(s) from your current employer(s) if you are now employed, as well as letters from all prior employers within the last five years, stating that your service was satisfactory.

2. Proof of New York State Certification(s). This will be obtained from the TEACH Online system. If your certification is pending, please bring a letter from your school stating you have satisfied all the certificate requirements.

As soon as you have obtained the above items, please return them to our office. After we review your materials, we will be in touch with you to set up an interview. Thank you for your interest in substitute teaching in our schools.

Sincerely,

Human Resources Office

Enclosures

ELWOOD PUBLIC SCHOOLS
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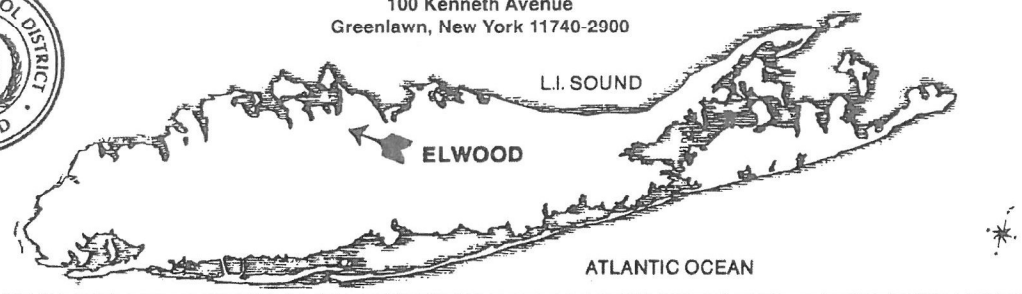
Greenlawn, New York 11740-2900



APPLICATION FOR PROFESSIONAL APPOINTMENT

Position Desired _____ Today's Date _____

If applying for a teaching position, please list subjects/grades preferred _____

Type of appointment you are seeking – ☐ Full-time ☐ Part-time ☐ Substitute

If substitute, indicate days and hours of availability _____

PERSONAL INFORMATION

Name _____

Last First Middle

If your prior employment or academic records are held under any surname(s) other than the one provided above, please specify.

_____

Social Security No. _____ Are you a U.S. Citizen? Yes ☐ No ☐

PRESENT MAILING ADDRESS	PERMANENT MAILING ADDRESS
Street	Street
City State Zip	City State Zip
Telephone No. Unlisted Yes ☐ No ☐	Telephone No. Unlisted Yes ☐ No ☐
Cell phone no. Email	Cell phone no. Email

Are you a N.Y.S. Retirement System Member? Yes ☐ No ☐ If yes, please indicate number _____

CERTIFICATION

(Please copy exact wording from certificate. If pending, so indicate.)

Title of certificate Subject and/or grades covered	Type	Number	Effective date	Expiration date	State

New York State Teacher Id. No. _____

Have you ever been convicted of a crime (other than a minor traffic infraction)? Yes ☐ No ☐

Are you at this time formally charged with a criminal offense or do you otherwise have such charges pending against you? Yes ☐ No ☐

Have you ever had a teaching or other professional certificate/license/credential denied, suspended or revoked? Yes ☐ No ☐

If you checked the box marked "Yes" to any of the foregoing questions, please provide details on a separate page and affix signature thereon.

EDUCATION

Name and location of school	Dates attended from – to	Nature of studies	Degree/Diploma received and date awarded
High School _____			
College(s) – Undergraduate – List ALL colleges attended. Attach a supplemental sheet, if needed.		Major Field Minor Field	
Graduate School(s) – Degree Program(s)		Area(s) of specialization and number of credits earned	
Graduate School(s) – Other		Area(s) of specialization and number of credits earned	

Academic honors _____

Undergraduate grade point average _____ Graduate School scholastic average _____

Total number of credits earned from ALL sources beyond highest degree awarded _____

NOTE – A transcript from each institution attended after high school is required as part of your application for employment.

EDUCATION EMPLOYMENT EXPERIENCE

List most recent experience first. Include any substitute teaching, and indicate as such. Attach a supplemental sheet, if needed.

Dates from – to	Name and location of school and district	Specific nature of position – grade level(s), subject(s), etc.	Total years		Reason for leaving

Student Teaching: If fewer than 3 years of regular full-time employment, include student teaching experience here.

Dates from – to	Name and location of school and district	Grade level(s), subject(s)

Did you receive teacher mentoring experience at a previous place of employment? _____

PRIOR TENURE RECORD

All applicants must complete this section in order to assure our compliance with provisions of section 3012, subdivision 1, of the education laws of New York State. Were you ever awarded tenure in any school district or Board of Cooperative Education Services (BOCES) anywhere in New York State? ☐ Yes ☐ No

If YES, please provide the following information – 1) Name of District (BOCES) _____

2) Specific Tenure Area _____ 3) Date of Tenure _____

ADDITIONAL EMPLOYMENT EXPERIENCE

List ALL employment experience outside of education, starting with the most recent. Please do not reference your résumé in lieu of completing this section. Attach a supplemental sheet, if needed.

Name and complete address of employer	1. Description of duties 2. Immediate supervisor	Dates employed from – to	Reason for leaving

UNITED STATES MILITARY SERVICE RECORD

Have you served in the United States military?_____ If yes, please complete the following:

Dates Branch Highest Rank Total Months

_____

INTERESTS, HOBBIES AND RELATED ENDEAVORS

(Please be sure to include any extra-curricular and/or coaching background/interest*)

***This section is not intended to elicit any information whatsoever that discloses race, national origin, religion, age, or disabilities.**

REFERENCES

Kindly provide five references, including educational supervisors, who have firsthand knowledge of your ability, character and work experience.

Reference	Position	Name of company, if appropriate, and complete address, including zip code	Telephone #

May we contact your current employer at this time?_____

Name and address of college where your placement folder is on file _____
College

_____
Address

Have you ever been dismissed from a position, been denied tenure, or been asked to resign as an alternative to dismissal?
☐ Yes ☐ No

If you checked the "Yes" box, please attach a written explanation.

APPLICANT'S STATEMENT

We are interested in any additional information that you believe will distinguish your candidacy. You may include, in this section, such items as your educational philosophy, special skills and accomplishments, as well as why, in particular, you believe that you are especially suited for the position in question.

NOTICE

1. Our acceptance of this application is no assurance that you will receive an interview or offer of employment.
2. Any material omission or misrepresentation in this application or any use of political or personal influence to advance your candidacy shall result in the application's invalidation.
3. You must meet appropriate New York State Certification requirements.
4. You understand that, as a condition of possible employment, you may be required to be fingerprinted, unless this has already occurred under the specific provisions of New York State law affecting appointments after July 1, 2001. Appointment to a position is ultimately subject to the District's receiving clearance from the State Office of School Personnel Review and Accountability after your fingerprints have been processed and a criminal backround investigation is completed.
5. This application must be signed and dated, after you have read the statement below.

I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position to which I am appointed according to the best of my ability.

In connection with my application for employment, I understand that the Elwood Public School District may conduct an investigation of my background, as further described on the separate authorization and release page provided by the District. I affirm that all statements made in this application are true and complete to the best of my knowledge.

Signature _____ Date _____

The Elwood Public School District does not discriminate on the basis of race, color, national origin, religion, age, disability or gender in its educational programs or employment.

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DISCLOSURE AND AUTHORIZATION
(for Professional Applications)

In connection with my application for employment, I understand that the Elwood Union Free School District (the District) may utilize outside agents to assist in an investigation of my background. Such consumer reporting agencies may make inquiries as to criminal convictions, work habits, employment performance, experience, reasons for termination at previously held positions, and other inquiries that relate to my suitability for employment. I authorize these agents to provide the results of their investigations to the District. I further authorize, without reservation, all parties, institutions and reporting services contacted by the District and/or its agents to furnish information they may have about me and I expressly release them from any liability in doing so. I waive right of access to this information except as may be provided by law. I further understand that before any adverse action is taken on account of material contained in a consumer report, including denial of employment, I will be provided with a copy of such report, together with a summary of my rights under the provisions of the Fair Credit Reporting Act. A copy of my signature, below, will have the same authority as the original.

_____
Full Name (Print)

_____ _____
Signature Date

_____
Social Security Number

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Human Resources Office

Are you related by blood or marriage to any employee in the Elwood Union Free School District?

_____ Yes

_____ No

If yes, kindly indicate the name of the employee and your relationship:

_____ _____
Name Relationship

Are you related by blood or marriage to any person doing business with the Elwood Union Free School District?

_____ Yes

_____ No

If yes, kindly indicate the name of the person, the name of the business and your relationship:

_____ _____
Name / Business Relationship

I affirm that all statements made above are true and complete to the best of my knowledge.

Signed:_____ Date:_____