



SHERMAN CENTRAL SCHOOL DISTRICT

P.O. BOX 950 127 PARK STREET

SHERMAN, NEW YORK 14781

(716) 761-6121

APPLICATION FOR EMPLOYMENT

Position desired: _____

PERSONAL INFORMATION

Name _____
Last First M.I.

Address _____
No. & Street City State Zip

Alternate Address _____
No. & Street City State Zip

Telephone Numbers _____
Permanent Alternate Work Cellular

	YES	NO
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, have you been issued a certificate of relief from disability?	<input type="checkbox"/>	<input type="checkbox"/>
Are any criminal charges or proceedings pending against you? (If yes to either or both above, please explain on a separate sheet.)	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally authorized to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been in the US armed forces?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you receive a dishonorable discharge? (If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment. Other factors will affect the final employment decision.)	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION

I hold NYS Teaching/Administration Certificates and/or Professional Licenses:

AREA	EXPIRATION DATE	PERMANENT	PROVISIONAL	CERTIFICATE OF QUALIFICATION
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you do not have NYS Certification, have you made application for one? YES NO

If certified in another state please indicate _____

ENCLOSE COPIES OF ALL CERTIFICATES AND/OR LICENSES

Sherman Central School District does not discriminate on the basis of age, race, creed, color, national origin, sex, disability, marital status, or handicapping condition.
EQUAL OPPORTUNITY EMPLOYER

NOTE: SUBMISSION OF A RESUME DOES NOT ELIMINATE YOUR RESPONSIBILITY FOR COMPLETING ALL SECTIONS OF THE OFFICAL APPLICATION

EDUCATION PREPARATION

Name and Address		Major/Minor/Concentration	Diploma	
High School				
Undergraduate School			GPA	Degree Awarded
Graduate School				

Special Training or Inservice Education:

ACTIVITIES

List Those Participated in – Circle Those You Are Willing to Coach/Advise

Sports

High School	College	Paid Positions

Clubs/Activities

High School	College	Paid Positions

List Hobbies, Travel, and Community Involvement

STUDENT TEACHING/INTERNSHIP

Name and Address of Schools	Supervising Teachers	From	To	Subject	Grade

EMPLOYMENT HISTORY

Educational Experience

(List chronologically all experience. Do not include day-to-day substitute teaching.)

Name and Address of School District	Grade and/or Other Subjects	Dates Mo./Yr.	Total Years	FullTime ✓	PartTime ✓	Were You Certified to Teach?

Work Experience Other Than Above

Employer and Address of Employer	Kind of Work	Dates of Employment

Indicate any Employers you do not wish us to contact:

Have you ever been released or asked to resign from Employment?

Yes No If yes, please explain on a separate sheet.

Did you ever receive tenure in a public school district in NYS?

Yes No If yes, indicate tenure area:.

Effective Date _____

If previously granted tenure, provide name and address of school district where granted:
