



5447 State Route 28 – PO Box 360, Newport, NY 13416

POSITION PREFERENCE

- ☐ Teaching
☐ Substitute Teaching

Subject _____

- ☐ Administration

Position _____

- ☐ Non-Instructional

- ☐ Coaching

Position _____

PERSONAL DATA

Name _____
Last First MiddlePhysical Street Address _____
Street City State ZipPermanent Mailing Address _____
(if different) Street City State ZipCounty of _____ Email Address _____
(Please Print Clearly)Cell Phone # _____ Landline Phone # _____
(Include Area Code) (Include area Code)

Social Security # _____ Retirement System Number _____

Have you ever been dishonorably discharged from military duty?☐ Yes ☐ No

If yes, please explain:

Have you ever been asked to resign or been terminated from employment because of a disciplinary action?☐ Yes ☐ No

If yes, please explain:

Have you been the subject of a criminal or part 83 investigation?☐ Yes ☐ No

If yes, please explain on a separate sheet.

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?☐ Yes ☐ No

If yes, please explain:

Have you ever resigned from employment rather than face dismissal?☐ Yes ☐ No**Are you legally eligible for employment in this country?**☐ Yes ☐ No**West Canada Valley Central is an Equal Opportunity Employer**

CERTIFICATION/LICENSE

I hold the following certificates/licenses **ISSUED BY NEW YORK STATE** (please provide copies):

Title _____ Date Issued _____
☐ Permanent ☐ Professional ☐ Provisional ☐ Initial ☐ Temporary (coaching)

Title _____ Date Issued _____
☐ Permanent ☐ Professional ☐ Provisional ☐ Initial ☐ Temporary (coaching)

Title _____ Date Issued _____
☐ Permanent ☐ Professional ☐ Provisional ☐ Initial ☐ Temporary (coaching)

If you do not have a New York State Certificate, have you applied for one? ☐ Yes ☐ No
Do you have an evaluation of your Certificate status? ☐ Yes ☐ No

Please list other certificates or licenses held and the issuing authority:

EDUCATIONAL PREPARATION

(Please provide college transcripts)

✓ High School _____	Location _____
Graduation date _____	
✓ Undergraduate College _____	Location _____
Major/Minor _____	Degree/Date Granted _____
✓ Undergraduate College _____	Location _____
Major/Minor _____	Degree/Date Granted _____
✓ Graduate College _____	Location _____
Major _____	Degree/Date Granted _____
✓ Vocational/Technical/Trade _____	Location _____
Major _____	Degree/Date Granted _____

TEACHING OR ADMINISTRATIVE EXPERIENCE

✓ Employer _____	Position _____
Employment dates _____	Reason for Leaving _____
✓ Employer _____	Position _____
Employment dates _____	Reason for Leaving _____
✓ Employer _____	Position _____
Employment dates _____	Reason for Leaving _____

OTHER WORK EXPERIENCE

✓ Employer_____	Position_____
Employment dates_____	Reason for Leaving_____
✓ Employer_____	Position_____
Employment dates_____	Reason for Leaving_____
✓ Employer_____	Position_____
Employment dates_____	Reason for Leaving_____

TENURE STATUS

Were you ever granted tenure in a public school in New York State? ☐ Yes ☐ No *If yes, please complete:*

Tenure Area_____ Effective date_____

School District where granted _____

Were you ever denied tenure in a public school in New York State? ☐ Yes ☐ No *If yes, please complete:*

Tenure Area_____ Denial date_____

School District where denied _____

PROFESSIONAL ORGANIZATION MEMBERSHIPS AND HONORS

OTHER SKILLS AND ABILITIES

REFERENCES

*Please list **four** individuals who we may contact who have personal knowledge of your professional training, ability, experience and personal character. Please include specific contact information for each individual.*

NAME	POSITION	CONTACT INFORMATION
May we contact your current employer?	☐ Yes ☐ No	
May we contact your former employer?	☐ Yes ☐ No	
Placement folder may be obtained from (name of company or institution) _____		

APPLICANT STATEMENT

Please tell us why you are applying for this position and why the district should consider employing you.

With my signature below, I hereby authorize investigation of all statements contained in this application, my resume, educational background and any prior employment as may be necessary in arriving at a decision related to my employment. I further certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of my employment.

Applicant's Signature	Date
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Please return completed application to:

Jeremy Siddon, Superintendent

PO Box 360 (5447 State Route 28), Newport, NY 13416

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