



PROFESSIONAL APPLICATION

DIRECTIONS:

- ✓ Please complete application
- ✓ Attach the following credentials:
Resume, Proof of Certification, Official Transcripts, Fingerprint Clearance from NYSED (if applicable),
and Proof of Tenure and/or Mentoring from another New York State school district (if applicable)
- ✓ Be certain to answer the essay question in your own handwriting
- ✓ Submit all information to:

Administration/General Education:

Mr. Brian Masopust
Assistant Superintendent for Educational Services
bmasopust@wallkillcsd.k12.ny.us
Telephone: 845-895-7103
Fax: (845) 895-8053

Special Education/Related Services:

Ms. Tara Rounds
Assistant Superintendent for Special Education
and Intervention Services
trounds@wallkillcsd.k12.ny.us
Telephone: (845) 895-7104
Fax: (845) 895-8079

BACKGROUND INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER [Optional]: _____

POSITION DESIRED:

☐ Elementary School (Pre-K-6)

☐ Middle School (7-8)

☐ High School (9-12)

☐ Special Education ☐ (K-6) ☐ (5-9) ☐ (7-12)

☐ Administration

SUBJECT OR GRADE PREFERRED: _____

EDUCATION:

NAME & LOCATION OF SCHOOL	DEGREE OR CREDITS EARNED	MAJOR & MINOR

WORK EXPERIENCE:

NAME & LOCATION OF PLACE OF EMPLOYMENT	DATES OF SERVICE	NATURE OF WORK	REASON FOR LEAVING

REFERENCES: [Please include name, address and telephone number]

1.	2.	3.

Have you ever received tenure from another New York State school district? ☐ Yes ☐ No

Date Tenure Received: _____ Subject Area Tenure Received In: _____

Did you participate in a mentoring program in another school district? ☐ Yes ☐ No

School District: _____ Dates of Mentoring: _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? ☐ Yes ☐ No

Please describe any accommodations required: _____

I feel qualified to direct the following Extra-Curricular Activities: _____

The Wallkill Central School District does not discriminate against any employee or applicant on the basis of race, color, national origin, creed, religion, gender, marital status, age, disability, sexual orientation, military status, or pre-disposing genetic characteristics.

NYS CERTIFICATE INFORMATION: Please copy directly from the certificate.

	CERTIFICATION AREA	FORM/TYPE	EFFECTIVE DATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If you do NOT have a current New York Teaching certificate, please complete the section below.

CERTIFICATION REQUIREMENTS

Please indicate your response to each of the statements below by circling Yes or No:

- | | | | |
|----|---|-----|----|
| 1. | <i>I have graduated with a Bachelor's Degree from a NYS registered/accredited four-year college or university with an approved teacher's education program.</i> | YES | NO |
| 2. | <i>I have completed an approved student teacher assignment or internship.</i> | YES | NO |
| 3. | <i>I have taken and passed all required parts of the NYS Teacher Certification Examination.</i> | YES | NO |
| 4. | <i>I have completed the Identification and Reporting of Child Abuse Workshop.*</i> | YES | NO |
| 5. | <i>I have completed the Schools Violence Prevention and Intervention (SAVE) Workshop.*</i> | YES | NO |
| 6. | <i>I have completed the Dignity for All Students Act (DASA) Workshop.*</i> | YES | NO |
| 7. | <i>I have submitted an application and the required fee to the NYS Department of Education.</i> | YES | NO |
| 8. | <i>I have a letter from my college or university stating I have completed all necessary requirements.*</i> | YES | NO |

** Please provide proof if you circled "Yes" for questions #4, #5, #6 and/or #8 above*

APPLICANT MUST COMPLETE:

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No *If yes, please explain on a separate sheet of paper.*

Did you ever resign from a position in lieu of termination? ☐ Yes ☐ No *If yes, please explain on a separate sheet of paper.*

Have you ever been found guilty of §3020-a charges? ☐ Yes ☐ No

If yes, when? _____ Where? _____ What was the disposition? (use separate sheet)

- ☐ *I have never been fingerprinted. I understand any appointment is contingent upon fingerprint clearance through the New York State Education Department [NYSED]. I will contact the Wallkill Central School District at (845) 895-7101 to get directions on how to get fingerprinted.*

OR

- ☐ *I have been previously fingerprinted [after July 1, 2001] and received clearance from NYSED. I understand that if I have not provided my Social Security number on this application, I must contact the Wallkill Central School District at (845) 895-7101 to authorize fingerprint clearance for employment at the Wallkill Central School District.*

I understand that a false statement on this application constitutes grounds for immediate dismissal.

Signature of Applicant

Date

Essay Question

Using this page, state in your own handwriting why you feel you would be excellent in the position for which you are applying at the Wallkill Central School District and/or provide a statement of philosophy.

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