EMPLOYMENT APPLICATION FORM

West Valley Central School District
5359 School Street
West Valley, NY 14171
Website: www.wvalley.org

Phone: (716) 942-3100
Fax: (716) 942-3440

POSITION FOR WHICH THIS APPLICATION IS BEING FILED

◯ Teacher	Substitute (check area below)
◯ Teacher Assistant	◯ Teacher ◯ Assistant ◯ Aide
◯ Teacher Aide	◯ Cleaner
◯ Clerical	◯ Maintenance
◯ Other	◯ Bus Driver
	◯ Monitor

PERSONAL INFORMATION

_____

Full Name: Last First Middle

_____

Home Telephone Number Daytime Phone Number Cell Phone Number

_____

Home Address: Street City/Town State Zip Code

_____

E-Mail Address Social Security Number

*If hired, can you provide the documents required to prove that you are authorized to work in the United States (Are you a citizen of the US?) ◯ Yes ◯ No

*Do you have a Driver's License? ◯ Yes ◯ No
If yes, what type of license? (click one) ◯ Operators ◯ Commercial
Issuing State: _____ Class: _____

*Do you have any physical, mental or medical condition which may limit your ability to perform the particular job for which you are applying? ◯ Yes ◯ No
If yes, describe such conditions and explain how you can adapt, or what accommodations you may need to perform the job for which you are applying. _____

_____

*Have you ever been convicted of a crime? (click one) ◯ Yes ◯ No
If yes, please provide the details available to the employer within the law. _____

_____

*Have you ever been convicted of a violation? (click one) ◯ Yes ◯ No
If yes, please provide the details available to the employer within the law. _____

_____

*If you are a teacher or teacher assistant, have you ever been denied tenure? ◯ Yes ◯ No
If yes, please provide the details available to the employer within the law. _____
_____

*Have you ever been asked to discontinue your employment? ◯ Yes ◯ No
If yes, please provide the details available to the employer within the law. _____
_____

REFERENCES *(list three non-relatives willing to be a reference for you)*

Name Address Phone Number/E-Mail address
_____
_____
_____

ADDITIONAL INFORMATION

Salary Anticipated _____ If a member:
Date Available _____ TRS# _____ ERS#_____

Why do you believe you are the best candidate for this position? _____
_____
_____
_____

How did you learn about this opening?
Newspaper Classified _____ Vacancy Posting _____
Recruiting Service _____ BOCES Referral _____
College Placement Office _____ WVCS Staff Referral _____
Other: (describe) _____

I understand that the West Valley Central School District will thoroughly investigate my work history and verify all information provided on this application. I authorize all individuals, schools, and firms named therein, except for my current employer if so noted below, to provide any information requested about me, and I release them from all liability for damages resulting from providing this information. ◯ Yes ◯ No

Can the West Valley District contact your current employer? ◯ Yes ◯ No

Applicants Signature _____ Date: _____

The West Valley Central School District will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or other legally protected status.

-All applications should be forwarded to the Superintendent's Office-

EDUCATIONAL BACKGROUND

High School/University/College: Degree or Diploma Field or Major
_____
_____
_____

Number of Graduate Credits Earned _____

MILITARY SERVICE

Branch of U.S. Service _____ Highest Rank Attained _____
Date Entered _____ Date Discharged _____
Present Military Classification _____
Primary Military Occupational Specialty (MOS) _____

CERTIFICATION STATUS

If the position for which you are applying requires certification, the following materials must accompany this application:

* Copy of Placement file and official transcripts
* Copy of valid teaching certificate or license
* Resume

Do you hold a valid New York State Teaching Certificate/License? ◯ Yes ◯ No
If yes, please indicate:

Subject Area	**Initial**	**Professional**	**Initial Expiration Date**
_____			
_____			
_____			

List any valid certificates currently held in other states:
Area _____ Issuing State _____

Expiration Date _____ Certificate Number _____

Did you ever acquire tenure in New York State? ◯ Yes ◯ No
If yes, where? _____ When? _____

Tenure area(s)? _____

Have you successfully completed the Core Battery NTE's/NYSCTE? ◯ Yes ◯ No

Have you taken the two-hour seminar on the identification of child abuse and neglect? ◯ Yes ◯ No

Have you been fingerprinted? ◯ Yes ◯ No
If yes, please provide documentation

WORK EXPERIENCE ***(list the most recent position first)***
This section must be completed in full, do not indicate "see resume".

Employer:
_____
Address:
_____
Dates of Employment (month/year) FROM TO Supervisor's Name
_____
Position/Title:
_____
Description of Duties:
_____
Reason for Leaving:
_____

WORK EXPERIENCE (list the most recent position first)
This section must be completed in full, do not indicate "see resume".

Employer:
_____

Address:
_____

Dates of Employment (month/year) FROM TO Supervisor's Name
_____

Position/Title:
_____

Description of Duties:
_____

Reason for Leaving:
_____

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