Public Schools of the Tarrytowns

JOB APPLICATION:

PERSONAL INFORMATION:

Name: _____ Date of Application _____

Email Address: _____

Home Address: _____

Cell Phone: ( ) _____

Position for which you are applying: _____

Date you can start: _____

EDUCATIONAL BACKGROUND:

Name and Address of High School: _____

Date of High School Diploma or GED: _____

College/University or Technical School	Dates	# of Credits	Major/Minor	GPA	Degree Granted

Please have official transcripts available **if needed when hired.**

Student Teaching: Name & Location of School	Subject & Grade Level	Cooperating Teacher
1.		
2.		

CERTIFICATION INFORMATION:

I hold the following New York State Certificate(s) below: (provide copies)

Area Date Issued Exp. Date

Permanent ☐ Provisional ☐ Certificate of Qualification ☐ _____

_____

Permanent ☐ Provisional ☐ Certificate of Qualification ☐ _____

_____

Permanent ☐ Provisional ☐ Certificate of Qualification ☐ _____

_____

If you do not have a New York State Teaching Certificate, have you applied for one?

Yes ☐ No ☐ If yes, when _____

If certified in another state, please describe: _____

_____

Other licenses held (type, issuing authority and expiration): _____

_____

EMPLOYMENT EXPERIENCE:

Employer:	Dates employed:
Position Held:	
Address:	
Phone #:	
Immediate Supervisor:	
Reason for Leaving:	
May we contact for references? Yes ☐ No ☐ Later ☐	

Employer:	Dates employed:
Position Held:	
Address:	
Phone #:	
Immediate Supervisor:	
Reason for Leaving:	
May we contact for references? Yes ☐ No ☐ Later ☐	

Employer:	Dates employed:
Position Held:	
Address:	
Phone #:	
Immediate Supervisor:	
Reason for Leaving:	
May we contact for references? Yes ☐ No ☐ Later ☐	

Tenure Area:

Were you ever appointed to tenure in New York State? _____

Area: _____ Date Granted: _____

School District: _____

JOB-SPECIFIC INFORMATION:

Do you have experience/training that qualifies you for this position? If yes, provide details.	

Additional Languages Spoken:		Fluency Level:

REFERENCES, including current supervisor:

Name and Position	Address	Telephone	Email
1.			
2.			
3.			

BACKGROUND INFORMATION:

Are you a Veteran? _____ Discharge Date _____

Branch _____ Discharge Date _____

Have you ever been fingerprinted for the purpose of employment by NYSED? _____

Are you legally eligible for employment in this country? (requires two forms of ID _____

Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action? _____

Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment? _____

Have you ever been disqualified for employment from any civil service position? _____

Have you ever been discharged or required to resign from any position? _____

Have you ever been found guilty and/or have you ever pleaded guilty to disciplinary charges brought against under Section 3020-a of the Education Law or Section 75 of the Civil Service Law? _____

Have you ever resigned as an alternative to facing charges or dismissal? _____

Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprints, or medical record? _____

Have you ever had any professional certificate or license denied, revoked, or suspended by any government agency? _____

Has a Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child, or have you been convicted of a crime? _____

Note: Answering yes does not necessarily disqualify you from consideration for employment. Please attach a written statement explaining.

ADDITIONAL INFORMATION

Describe here any additional information or comments that would be useful in evaluating your application, e.g.; sports played and/or coached, interest in coaching and/or extracurricular adviserships, volunteer experience, etc.

APPLICANT'S STATEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements contained herein and the references above to give you any information concerning my previous work and any pertinent information they may have and release all parties from liability for any damage that may result from furnishing same to you.

Signature of Applicant: _____

Date: _____

The Public Schools of the Tarrytowns does not discriminate against age, race, religion, ethnicity, color, gender identity, sex, sexual orientation, national origin, disability, or protected veteran status in its hiring, educational programs, and activities it operates and is committed to creating a diverse environment and proud to be an equal opportunity employer.