HIGHLAND CENTRAL SCHOOL DISTRICT

Application for Professional Employment

Office of the Superintendent, Attention: Personnel · 320 Pancake Hollow Road, Highland, NY 12528 · (845) 691-1014

All applications are kept on file for one year from the date of receipt.

POSITION APPLIED FOR

DATE AVAILABLE

PERSONAL DATA

LAST NAME

FIRST NAME

MIDDLE NAME

PRESENT ADDRESS: STREET

CITY

STATE

ZIP

TELEPHONE

PERMANENT ADDRESS: STREET

CITY

STATE

ZIP

TELEPHONE

SOCIAL SECURITY NUMBER

RETIREMENT NUMBER

PRESENT OCCUPATION AND EMPLOYER

CERTIFICATION

A. New York State certificates

TITLE	EFFECTIVE DATE	PROFESSIONAL	INITIAL	CERTIFICATE NO.
		☐	☐	
		☐	☐	
		☐	☐	

B. If you are not certified, have you applied for certification?

To whom? When? Deficiencies (credits):

TEST STATUS

TEST	DATE TAKEN	SCORE

EDUCATION PREPARATION (CHRONOLOGICAL ORDER)

HIGH SCHOOL / COLLEGE / UNIVERSITY	LOCATION	DATES ATTENDED	DEGREE EARNED	DATE CONFERRED	MAJOR	MINOR

Number of graduate credits beyond BA (if you do not hold a master's degree):

Number of graduate credits beyond MA (if you do not hold a Ph.D. or Ed.D.):

STUDENT TEACHING EXPERIENCE

SCHOOL	ADDRESS	DATES	SUPERVISING TEACHER

TEACHING / ADMINISTRATIVE EXPERIENCE (CHRONOLOGICAL ORDER)

SCHOOL AND DISTRICT	ADDRESS	DATES FROM	DATES TO	GRADE / SUBJECT	REASON FOR LEAVING

TENURE IN PRIOR DISTRICTS

DISTRICT	ADDRESS	APPOINTMENT DATE	TENURE AREA

NON-TEACHING EXPERIENCE

FIRM OR ORGANIZATION	ADDRESS	DATES	POSITION

BACKGROUND

Are you a citizen of the United States? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

IF YES, GIVE DETAILS

Have you been fingerprinted under the 2001 SED regulations? ☐ Yes ☐ No

Fingerprinting is required of all district employees per 2001 SED Regulations.

Have you ever been brought up on 3020-a charges? ☐ Yes ☐ No

IF YES, WHAT WAS THE OUTCOME OF THE CHARGES?

WHAT WAS THE REASON FOR THE 3020-A CHARGE?

REFERENCES

List three; especially immediate supervisors. Others may include cooperating teachers, colleagues and central office staff.

NAME	OFFICIAL POSITION	ADDRESS (INCLUDE ZIP CODE)	TELEPHONE

FOR SCHOOL DISTRICT USE ONLY

REFERENCE CHECK

To be completed by the immediate supervisor

	NAME OF REFERENCE	DATE	COMMENTS
1.			
2.			
3.			

SIGNATURE OF PERSON MAKING REFERENCE CHECK **DATE**

CANDIDATE'S STATEMENT

Use this space to comment briefly on any other experience or special ability that may contribute to your success if you are selected for the position. Any additional information that will help the administrators of the Highland Central School District determine your qualifications is also welcome.

CANDIDATE'S AFFIDAVIT

I certify that the information given in this application is correct.

I understand that any false statement made on this application, or withheld information pertinent to my candidacy, constitutes grounds for immediate dismissal.

SIGNATURE

DATE