

EDUCATIONAL PREPARATION

NAME AND CITY/STATE			
HIGH SCHOOL	MAJOR/MINOR/CONCENTRATION	GPA	DIPLOMA
UNDERGRADUATE			
GRADUATE			

Total number of graduate hours beyond your last degree: _____

APPLICATION WILL NOT BE CONSIDERED WITHOUT TRANSCRIPTS ENCLOSED WILL FORWARD

SPECIAL TRAINING OR INSERVICE EDUCATION:

STUDENT TEACHING / INTERNSHIP

NAME AND ADDRESS OF SCHOOLS	SUPERVISING TEACHERS	FROM	TO	SUBJECT	GRADE

CERTIFICATION AREA(S)
(Attach a copy of each certificate listed)

I hold the following New York State Teaching/Administrative Certificates and/or Professional Licenses:		P E R M	P R O V	C E R T	Q U A L
Area:	EXPIRATION DATE:				
If you do not have NYS Certification, have you made application for one?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If certified in another state, please indicate: _____					
ENCLOSE COPIES OF ALL CERTIFICATES AND/OR LICENSES					

EMPLOYMENT/EDUCATIONAL EXPERIENCE (List chronologically all experience. Do not include day-to-day substitute teaching).

EMPLOYER & CITY/STATE	GRADE AND/OR SUBJECTS	DATES MO/YR	TOTAL YEARS	FULL TIME	PART TIME	WERE YOU CERTIFIED TO TEACH?

WORK EXPERIENCE OTHER THAN ABOVE (include day-to-day substitute teaching)

EMPLOYER & ADDRESS OF EMPLOYER	KIND OF WORK	DATES OF EMPLOYMENT

- | | YES | NO |
|---|--------------------------|--------------------------|
| HAVE YOU EVER FAILED TO BE RE-APPOINTED TO ANY POSITION? | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU EVER BEEN DENIED TENURE? | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU EVER RESIGNED FROM ANY EMPLOYMENT AT THE REQUEST OF ANY EMPLOYER TO AVOID DENIAL OF TENURE, DISCHARGE, OR ANY OTHER DISCIPLINARY ACTION? | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU BEEN TERMINATED FROM ANY EMPLOYMENT OR ASKED TO RESIGN TO AVOID TERMINATION OR DISCIPLINE? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the above questions, please explain on a separate sheet.

DID YOU EVER RECEIVE TENURE IN A PUBLIC SCHOOL DISTRICT IN NEW YORK STATE?
 Yes No If yes, indicate tenure area: _____ Effective date: _____

IF PREVIOUSLY GRANTED TENURE IN NEW YORK STATE, PROVIDE ADDRESS OF SCHOOL DISTRICT WHERE GRANTED: _____

PERSONAL BACKGROUND HISTORY

- | | YES | NO |
|---|--------------------------|--------------------------|
| Have you ever been convicted of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, have you been issued a certificate of relief from disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any criminal charges or proceedings pending against you? (If yes to either or both above, please explain on a separate sheet.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you legally authorized to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever served in the US Armed Forces? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you receive a dishonorable discharge? (If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.) | <input type="checkbox"/> | <input type="checkbox"/> |

List any persons currently serving on our Board of Education or working for the district who are related to you:

REFERENCES

Give the names of three references who have closely observed your work as a teacher, employee, or student. Recommendations by present and former superintendents, principals and other supervisors are preferred.			
NAME			
TITLE			
ADDRESS			
PHONE			

RELATED PROFESSIONAL EXPERIENCE

List educational travel, lectures, addresses, publications, organizational membership(s), committee chair(s) or membership(s), participation in educational experiments, innovations, special programs, elective positions held, community and social services and recreation that you would consider relevant to your ability to performance duties of this position.
List any interscholastic sports or extracurricular activities you would be willing to coach or advise.

PERSONAL STATEMENT

Use this space to include information that you believe would enhance your candidacy.

APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, _____ (print name), hereby grant permission to the _____ School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the _____ School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. I also understand that I must forward two (2) copies of my fingerprints as well as the required fee of \$74.00 to NYSED and any other fees required to so effectuate this process.

This employment application will be valid only for six (6) months from the date that it is completed.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Date: _____

**DO NOT INCLUDE THIS PAGE WITH COMPLETED APPLICATION
FOR APPLICANT'S INFORMATION ONLY**

LIST OF REQUIRED ATTACHMENTS TO THIS APPLICATION

1. copies of any and all certifications;
2. college placement file containing three (3) confidential references or three (3) letters of reference; and
3. resume.

REQUIRED ITEMS - UPON OFFER OF EMPLOYMENT

1. two (2) copies of fingerprint cards;
2. required bank draft, postal money order or certified check in the amount of seventy four dollars (\$74.00) payable to the "New York State Education Department" for criminal records check; and
3. required documents for Federal I-9 Form.