



APPLICATION

PERSONAL INFORMATION

NAME _____
Last First Middle

Other name(s) _____
(Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.)

Present Mailing Address

Permanent Mailing Address

Street

Street

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

POSITION PREFERENCE (specify preference)

Elementary

____ Pre K-2
____ 3-5
____ Special Education
Grade Level _____

Secondary

____ 6-8
____ 9-12
____ Special Education
Subject _____

Other

____ e.g. Guidance,
Psychology, Speech
Administration,
Specify _____

CERTIFICATION — New York State Certification Required

(List and enclose copies of all certifications and if pending, please indicate.)

State	Date Issues	Date Expires	Subject Validity	Certificate Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATIONAL PREPARATION

School <i>High School</i>	Location	Nature of Studies <i>Major/Minor</i>	Diploma/Degree
_____	_____	_____	_____
<i>College (Undergraduate)</i>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>College (Graduate)</i>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL EXPERIENCE

List most recent experience first. Include any substitute teaching, and indicate as such.

Dates	Name & Location of School	Nature of Experience <small>i.e. Grade level, subject</small>	Total Years	Annual Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Teaching, if fewer than 3 years of full-time employment.

Years	Name & Location of School	Subject or Grade level
_____	_____	_____
_____	_____	_____

OTHER WORK EXPERIENCES

(Business, trades, summer occupations)

Dates	Firm/Institution	Nature of work	Full-time	Summers, Vacations, etc.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRIOR TENURE RECORD

(All applicants must complete and sign in order to assure compliance with provision of Section 3012, of the Education Laws of the State of New York.)

Have you ever received TENURE in any school district or board of cooperative educational services (BOCES) anywhere in New York State? ____ Yes ____ No

If yes, please indicate _____ (Name of School District or BOCES) _____ (Date of Tenure)

(Signature) (Today's Date)

GENERAL INFORMATION

Have you ever been dismissed from a position? ____ Yes ____ No If Yes, please explain _____

Have you ever been convicted of a crime? ____ Yes ____ No If yes, please explain _____

Are you a U.S. citizen? ____ Yes ____ No

REFERENCES

Please list at least 3 references that have first hand knowledge of your teaching ability. Inexperienced teachers should give names of college faculty members, including those under whom you did student teaching and the names of cooperating teachers.

Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S STATEMENT

Please give a statement covering any additional information which will help in judging your suitability for a position, including such things as your aims in teaching not mentioned elsewhere and any special experience, training or interests.

NOTICE

Applications will be kept on file for **one year** from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

It is the responsibility of the applicant to furnish *official college transcripts (sealed envelope), placement folder (if available), and current letters of recommendations.*

Signature _____ Date _____