

EMPLOYMENT APPLICATION

POSITION PREFERENCE

Certificated (i.e. Teaching, etc.) []
Substitute Teaching []
Subject _____

License Required (Civil Service) []
Position _____

If you are applying for a Teaching Position, please indicate subject and grade preferences: _____

PERSONAL INFORMATION

Name Last First Middle _____

Present Mailing Address (Include Zip Code) _____ Tel: (Include Area Code) _____

Permanent Mailing Address (Include Zip Code) _____ Tel: (Include Area Code) _____

Social Security No. _____ Retirement System & No. _____

- Are you a U.S. citizen? Yes [] No []
Have you ever been convicted of a crime? Yes [] No []
Are you an honorably discharged veteran? Yes [] No [] N/A []
Are you an exempt volunteer firefighter? Yes [] No []
Have you submitted your fingerprints to SED? Yes [] No []

CERTIFICATION/LICENSE

I hold the New York State Teaching/Administrative Certificate(s) and/or License(s) described below: (provide copies)

CERTIFICATE(S)

Permanent [] Provisional [] (Area) (Date Issued)
Permanent [] Provisional [] (Area) (Date Issued)

If you do not have a New York State Teaching Certificate, have you made application for one? Yes [] No []

Do you have an evaluation of your NYS certificate status? Yes [] No [] (If yes, enclose a copy)

LICENSE(S)

List the License(s) held; type and issuing authority: _____

EDUCATIONAL PREPARATION

Name and Location of School	Nature of Studies	Did You Graduate?
High School		

Name and Location of School	Dates Attended	Nature of Studies	Degree	Date Granted
College (Undergraduate) *				

College (Graduate) *				

Vocational/ Technical/ Trade *				

provide copy of transcripts

WORK EXPERIENCE BASED ON CERTIFICATE/LICENSE

List most recent experience first. Include any substitute or part time work, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position & Last Salary	Reason for Leaving

OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position & Last Salary	Reason for Leaving

TENURE STATUS

Were you ever appointed on tenure in a public school district in New York State? Yes No

If Yes, then list the Name and address of school district where tenure was granted: _____

If Yes, then what was the Tenure Area?: _____ Effective Date: _____

If your answer to any of the following three questions is Yes, please give specifics on a separate sheet.

Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75? Yes No

Have you ever had your Certificate revoked? Yes No

Have you ever received a Censure and/or Reprimand based on action of the Board of Regents? Yes No

PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members)

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name

Position

Address & Telephone No.

May we refer to your present employer? Yes No

May we refer to your former employer(s)? Yes No

Placement Folder (if not already sent) may be secured from: (Name and Address): _____
