

# EMPLOYMENT APPLICATION

## POSITION REFERENCE

Teaching <input type="checkbox"/> Substitute Teaching <input type="checkbox"/>	Administration <input type="checkbox"/>	Non-Teaching <input type="checkbox"/>
<i>Subject</i>	<i>Position</i>	<i>Position</i>

## PERSONAL INFORMATION

Name \_\_\_\_\_  

Last
First
Middle

Present Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Include Zip Code) (Include Area Code)

Permanent Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Include Zip Code) (Include Area Code)

Social Security No. \_\_\_\_\_ Retirement No. \_\_\_\_\_

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes  No  If *no*, explain: \_\_\_\_\_

Do you have a legal right to work in the United States? Yes  No

If you are an alien with a legal right to work in the United States, and are applying for a teaching position, do you intend to apply for United States Citizenship? Yes  No

Have you ever been convicted of a crime? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever been the subject of an Article 83 investigation? Yes  No

Did you receive a dishonorable discharge? Yes  No  N/A   
(A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision.)

Are you an exempt volunteer fireman? (*Civil Service Law Section 75*) Yes  No

## CERTIFICATION/LICENSE

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

	Area	Date Issued
Permanent <input type="checkbox"/> Initial <input type="checkbox"/>	Provisional <input type="checkbox"/> Professional <input type="checkbox"/>	Certification of Qualification <input type="checkbox"/> Transitional <input type="checkbox"/>
Permanent <input type="checkbox"/> Initial <input type="checkbox"/>	Provisional <input type="checkbox"/> Professional <input type="checkbox"/>	Certification of Qualification <input type="checkbox"/> Transitional <input type="checkbox"/>

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*)

Other licenses 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 (substitute teachers excluded).*

## TEACHING OR ADMINISTRATIVE EXPERIENCE

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

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

## OTHER WORK EXPERIENCE

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

# TENURE STATUS

Were you ever appointed on tenure in a public school district in New York? Yes  No  If yes, complete:

Tenure Area: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a? Yes  No

Name and address of school district where tenure was granted: \_\_\_\_\_

## PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

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


## OTHER SKILLS AND ABILITIES

*(e.g. coaching, ability to use sign language)*


## 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


May we refer to your present employer? Yes  No

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

Placement Folder may be secured from: (Name and Address) \_\_\_\_\_

