

Date _____



Employment Application

Position Preference

Teaching
 Substitute Teaching
Subject _____

Administrative
Position _____

Non-Teaching
Position _____

Personal Information

Name _____
Last First Middle

Present Mailing Address _____ Phone () _____
Zip _____

Permanent Mailing Address _____ Phone () _____

Email _____ Zip _____

Social Security Number _____ - _____ - _____ Retirement No. _____

Are you a U.S. citizen? Yes No If no, have you filed a declaration of intention to become a citizen? Yes No

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

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)? Yes No

Are you a dishonorably discharged veteran? Yes No N/A

Certification/License

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

Subject Area	Type*	Effective Date	Expiration Date (if applicable)

* Teaching/Administrative: Provisional, Permanent, Initial, Professional, Transitional
Teaching Assistant: Temporary, Continuing, Level I, Level II, Level III, Pre-Professional

Other license(s) held; type and issuing authority _____

Educational Preparation

Name and Location of School	Nature of Studies	Did You Graduate? (Y or N)	
High School			
College (Undergraduate)			
College (Graduate)			
Vocational/Technical/Trade			

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 the following.

Tenure Area _____ Effective Date _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020a? 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

For example: coaching, knowledge of sign language

References

List three 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 may be contacted 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? Yes No

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

