

*In compliance with Title IX of the Educational Amendments of 1972 (U. S. Congress)
it is our policy not to discriminate on the basis of sex, religion,
marital origin, age, physical ability, or marital status in admissions,
employment and treatment of students and employees in any educational
program or activity.*

WA YLAND-COHOCTON CENTRAL SCHOOL
2350 ROUTE 63
WA YLAND, NEW YORK 14572
Telephone: (585) 728-2211
Fax: (585) 728-3566

APPLICATION

OF

NAME _____
ADDRESS _____

PHONE NUMBER _____
FOR THE POSITION OF _____

PLEASE COMPLETE THE ENTIRE APPLICATION.

IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING NIA

Return completed application with attached resume to the above address in care of David Mastin, Business Manager.

Date :

INSTRUCTIONAL

A. PERSONAL INFORMATION

1. Name _____
Last First Middle
2. Permanent Address _____
Street & Number City State Zip
3. Local Address _____
Street & Number City State Zip
4. Telephone Numbers (home) _____ (business) _____
5. Position Desired _____
6. Social Security Number _____
7. NYS Retirement System Number? Yes No If yes, indicate number _____
8. Present Employer _____
Address _____
Phone _____
Position _____ Salary _____
9. Earliest Date Available for Employment _____
10. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Yes No
11. Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please explain (date, location, nature of act. Use back of application, if necessary)*

*No applicant will exclude from consideration for employment due to prior arrests or convictions.

B. CERTIFICATION

12. I hold the New York State Teaching/Administrative Certificate(s) described below: (please provide copies)
- | | | | |
|------------------------------------|--------------------------------------|-------------------------------------------------------------|------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Provisional | <input type="checkbox"/> Certificate of Qualification _____ | _____ |
| | | | Area Date Issued |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Provisional | <input type="checkbox"/> Certificate of Qualification _____ | _____ |
| | | | 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, please enclose a copy)
- Other licenses held; type and issuing authority _____

C. EDUCATIONAL PREPARATION
 (Please provide copy of transcripts for any college prep.)

13. Undergraduate

High School, Community College, Colleges	Address	Number of Years	Nature of Studies Major Minor	Degree

14. Graduate

College (Graduate Degree) Have you taken courses which have resulted in the conferring of an advanced degree? If so, summarize.	Number of Years	Major Specialization	Number of Credits	Degree

15. Miscellaneous

<u>Miscellaneous Graduate Work</u> – Summarize Graduate work beyond the highest degree earned or graduate work not leading to a degree. Include number of credits earned and dates of attendance.

16. Practice Teaching Experience (For candidates of 3 years or less experience)

School	Address	Number of Years	Supervising Teacher	Grades/Subject

D. EDUCATIONAL WORK EXPERIENCE (List in Chronological Order)

If substitute teaching or part time teaching, indicate as such.

17.

Dates From To		Name of School District/State	Nature of Position Grade Level/Subject	Total Years	If full time, approximate annual salary

E. OTHER WORK EXPERIENCE

(Business, Trades, Summer Occupations-Include Military Service)

18.

Dates From To		Firm or Institution Include Address	Nature of Position	Relation to Full-Time Work

F. PRIOR TENURE RECORD

19. 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.

Tenure area _____ Effective date _____

Name of District/BOCES _____

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

Yes No

G. REFERENCES

20. Enter the following information for three persons who have closely observed your work as a professional. Please start with your most recent supervisor. DO NOT LEAVE ANY BOX BLANK.

Name	Title	Organization	Telephone Number

H. APPLICANT'S STATEMENT

21. In your own handwriting, please describe: (attach separate sheet if needed)

- a. Why you are interested in this particular position?
- b. What particular strengths would you bring to this organization?
- c. What additional personal information would you want to be considered in the evaluation of your application (including honors received, special talents or interests, travel, publications, advanced work, etc.)?

IMPORTANT: I understand that there will be an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered regarding my application will be the property of the employer and will not be released to me unless required by Federal or State statutes or regulations.

I certify that the information is accurate to the best of my knowledge, and that the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

22. Applicant's Signature _____ Date _____