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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:

NON-INSTRUCTIONAL

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

11. PREVIOUS EXPERIENCE

Firm or Organization	Address	Number of Years	Position

12. REFERENCES: Please include ADMINISTRATORS and SUPERVISORS who have first hand knowledge of your character, personality, scholarship and ability. Please include references from your last or present employer.

Name	Official Position	Complete Mailing Address	Phone Number

CANDIDATE’S PAGE: We are interested in any further information about which you may distinguish your application. This should include describing (1) why you are a candidate for the position noted above, and (2) personal activities such as travel, honors, publications, advance written work, participation in special programs, and any special hobbies or interests. Please use the back of this application or attach a separate piece of paper to write this information.

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.

ATTESTATION: I certify that 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.

13. Applicant’s Signature _____ Date _____