



PLEASE RETURN TO:  
 Superintendent  
**Charlotte Valley Central School**  
 Davenport, New York 13750

# Application For Employment

SUBMISSION OF A RESUME DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*(PLEASE PRINT)*

## POSITION PREFERENCE

POSITION APPLYING FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_  
 TYPE OF EMPLOYMENT: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute \_\_\_\_\_ Temporary \_\_\_\_\_ Summer  
 ARE YOU WILLING TO BE A SUBSTITUTE? \_\_\_\_\_ Yes \_\_\_\_\_ No

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
 FORMER NAME(S): \_\_\_\_\_  
 PERMANENT ADDRESS: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_  
 \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_  
 TEMPORARY ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

## CERTIFICATION/PROFESSIONAL LICENSE

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

	Certificate of	Area	Number	Date Issued	Exp. Date
Permanent <input type="checkbox"/> Provisional <input type="checkbox"/>	Qualification <input type="checkbox"/>	_____	_____	_____	_____

Permanent <input type="checkbox"/> Provisional <input type="checkbox"/>	Certificate of Qualification <input type="checkbox"/>	_____	_____	_____	_____
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If you do not have a New York State Teaching Certificate, have you applied for one? Yes  No

If certified in another state, please describe \_\_\_\_\_

Other licenses held: type and issuing authority \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
*(provide copies)*

## EDUCATION

Name and Location of School	Major/Minor	Did you Graduate?
High School		

Name and Location of School	Dates Attended	Sem Hrs.	Major/Minor	Degree
College (Undergraduate)				
College (Graduate)				
Vocational/Technical/Trade				

*It is the applicant's responsibility to have official college transcripts, placement folder, and copy of certification forwarded to the personnel office.*

## STUDENT TEACHING

Dates	Name and Location of School	Subject or Grade Level	Cooperating Teacher
1.			
2.			

## TENURE STATUS

Were you ever appointed to tenure in a public school district or Board of Cooperative Educational Services in New York State? Yes  No  If yes, complete:

Tenure Area \_\_\_\_\_ Date Tenure Granted \_\_\_\_\_

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

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

## OTHER INFORMATION

Have you ever been released or asked to resign from an employment position? Please explain: \_\_\_\_\_

Do you have any health condition that would impair your ability to perform the functions of the position for which you are applying? Explain: \_\_\_\_\_

Have you ever been convicted of a criminal violation? If so, please describe: \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? Yes  No  Branch \_\_\_\_\_

Were you dishonorably discharged from the U.S. Armed Forces? If so, explain: \_\_\_\_\_

Are you an active member of a National Guard or Reserve Unit? Yes  No

Are you legally eligible for employment in this country? Yes  No

(Upon employment you will be asked to produce two original forms of identification.)

# EMPLOYMENT HISTORY

*Begin with most recent.*

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM                      TO	SALARY
ADDRESS		FULL-TIME ____ PART-TIME ____ %	
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM                      TO	SALARY
ADDRESS		FULL-TIME ____ PART-TIME ____ %	
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
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IMMEDIATE SUPERVISOR, TITLE & TELEPHONE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
			Total experience including % of a year _____

## 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 administrator whom we may contact for a personal or professional reference.

Name

Position

Address & Telephone No.

1.

2.

3.

## PERSONAL STATEMENT

Give any additional information which you think might be of value in considering you for a position, (e.g., Avocations, Foreign Languages Spoken, Coaching Experience, Travel, Volunteer Work, etc.):

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I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporation or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for six months. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_