

Submit application, resume, certification and placement folder to:

*"Learning for Life"*

**Office of the Superintendent  
South Kortright Central School District  
PO Box 113  
South Kortright, NY 13842**



**Phone: (607) 538-9111**

# Application For Employment

SUBMISSION OF A RESUME DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION. DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

The School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.

(PLEASE PRINT)

## POSITION PREFERENCE

POSITION APPLYING FOR: \_\_\_\_\_ SALARY \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_  
TYPE OF EMPLOYMENT:  Full-time  Part-time  Substitute  Temporary  Summer  
ARE YOU WILLING TO BE A SUBSTITUTE? \_\_\_\_\_

## PERSONAL INFORMATION

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

## 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"/>	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	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?  Yes  No If yes, please explain: \_\_\_\_\_

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

Have you ever been subject to Part 83 Commissioner's Regulations regarding your certification?  Yes  No

If so, please give details: \_\_\_\_\_

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

Were you dishonorably discharged from the U.S. Armed Forces?  Yes  No 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			

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ADDRESS		FULL-TIME _____ PART-TIME _____ %	
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE			
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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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_