



5447 State Route 28, P.O. Box 360
Newport, New York 13416



POSITION PREFERENCE

☐ Teaching
☐ Substitute Teaching
Subject _____

☐ Administration
Position _____

☐ Non-Instructional
Position _____

PERSONAL DATA

Name _____
Last First Middle

Present Mailing Address _____
Street City State Zip

Permanent Mailing Address _____
(if different) Street City State Zip

County of Residence _____

Home Telephone Number _____ Cell Phone _____
(Include Area Code) (Include area Code)

Social Security Number _____ Retirement System Number _____

Have you ever been dishonorably discharged from military duty?

☐ Yes ☐ No

If yes, please explain:

Have you ever been asked to resign or been terminated from employment because of a disciplinary action?

☐ Yes ☐ No

If yes, please explain:

Have you been the subject of a criminal or part 83 investigation?

☐ Yes ☐ No

If yes, please explain on a separate sheet.

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?

☐ Yes ☐ No

If yes, please explain:

Have you ever resigned from employment rather than face dismissal?

☐ Yes ☐ No

Are you legally eligible for employment in this country?

☐ Yes ☐ No

West Canada Valley Central is an Equal Opportunity Employer

CERTIFICATION/LICENSE

I hold the following certificates/licenses ISSUED BY NEW YORK STATE *(please provide copies)*:

Title _____ Date Issued _____
☐ Permanent ☐ Professional ☐ Provisional ☐ Initial ☐ Temporary (*coaching*)

Title _____ Date Issued _____
☐ Permanent ☐ Professional ☐ Provisional ☐ Initial ☐ Temporary (*coaching*)

Title _____ Date Issued _____
☐ Permanent ☐ Professional ☐ Provisional ☐ Initial ☐ Temporary (*coaching*)

If you do not have a New York State Certificate, have you applied for one? ☐ Yes ☐ No

Do you have an evaluation of your Certificate status? ☐ Yes ☐ No

Please list other certificates or licenses held and the issuing authority:

EDUCATIONAL PREPARATION

(Please provide college transcripts)

<p>✓ High School _____ Graduation date _____</p> <p>✓ Undergraduate College _____ Major/Minor _____</p> <p>✓ Undergraduate College _____ Major/Minor _____</p> <p>✓ Graduate College _____ Major _____</p> <p>✓ Vocational/Technical/Trade _____ Major _____</p>	<p>Location _____</p> <p>Location _____ Degree/Date Granted _____</p> <p>Location _____ Degree/Date Granted _____</p> <p>Location _____ Degree/Date Granted _____</p> <p>Location _____ Degree/Date Granted _____</p>
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TEACHING OR ADMINISTRATIVE EXPERIENCE

<p>✓ Employer _____ Employment dates _____</p> <p>✓ Employer _____ Employment dates _____</p> <p>✓ Employer _____ Employment dates _____</p>	<p>Position _____ Reason for Leaving _____</p> <p>Position _____ Reason for Leaving _____</p> <p>Position _____ Reason for Leaving _____</p>
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OTHER WORK EXPERIENCE

✓ Employer_____	Position_____
Employment dates_____	Reason for Leaving_____
✓ Employer_____	Position_____
Employment dates_____	Reason for Leaving_____
✓ Employer_____	Position_____
Employment dates_____	Reason for Leaving_____

TENURE STATUS

Were you ever granted tenure in a public school in New York State? ☐ Yes ☐ No *If yes, please complete:*

Tenure Area_____ Effective date_____

School District where granted _____

Were you ever denied tenure in a public school in New York State? ☐ Yes ☐ No *If yes, please complete:*

Tenure Area_____ Denial date_____

School District where denied _____

PROFESSIONAL ORGANIZATION MEMBERSHIPS AND PROFESSIONAL HONORS

OTHER SKILLS AND ABILITIES

REFERENCES

Please list four individuals who we may contact who have personal knowledge of your professional training, ability, experience and personal character. Please include specific contact information for each individual.

NAME	POSITION	CONTACT INFORMATION
<p>May we contact your current employer? <input type="radio"/> Yes <input type="radio"/> No</p> <p>May we contact your former employer? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Placement folder may be obtained from (name of company or institution) _____</p>		

APPLICANT STATEMENT

Please tell us why you are applying for this position and why the district should consider employing you.

[illegible]

With my signature below, I hereby authorize investigation of all statements contained in this application, my resume, educational background and any prior employment as may be necessary in arriving at a decision related to my employment.

I further certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of my employment.

Applicant's Signature	Date
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Please return completed application to: **D.J. Shepardson, Superintendent of Schools**
5447 State Route 28, PO Box 360 Newport, New York 13416

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