



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?				
<input type="radio"/> Yes <input type="radio"/> No				
If yes, please explain:				
Have you ever been asked to resign or been terminated from employment because of a disciplinary action?				
<input type="radio"/> Yes <input type="radio"/> No				
If yes, please explain:				
Have you been the subject of a criminal or part 83 investigation?				
<input type="radio"/> Yes <input type="radio"/> No				
If yes, please explain on a separate sheet.				
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?				
<input type="radio"/> Yes <input type="radio"/> No				
If yes, please explain:				
Have you ever resigned from employment rather than face dismissal?				
<input type="radio"/> Yes <input type="radio"/> No				
Are you legally eligible for employment in this country?				
<input type="radio"/> Yes <input type="radio"/> No				

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)

- | | | |
|---|----------------------------------|---------------------------|
| ✓ | High School _____ | Location _____ |
| | Graduation date _____ | |
| ✓ | Undergraduate College _____ | Location _____ |
| | Major/Minor _____ | Degree/Date Granted _____ |
| ✓ | Undergraduate College _____ | Location _____ |
| | Major/Minor _____ | Degree/Date Granted _____ |
| ✓ | Graduate College _____ | Location _____ |
| | Major _____ | Degree/Date Granted _____ |
| ✓ | Vocational/Technical/Trade _____ | Location _____ |
| | Major _____ | Degree/Date Granted _____ |

TEACHING OR ADMINISTRATIVE EXPERIENCE

- | | | |
|---|------------------------|--------------------------|
| ✓ | Employer _____ | Position _____ |
| | Employment dates _____ | Reason for Leaving _____ |
| ✓ | Employer _____ | Position _____ |
| | Employment dates _____ | Reason for Leaving _____ |
| ✓ | Employer _____ | Position _____ |
| | Employment dates _____ | Reason for Leaving _____ |

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

APPLICANT STATEMENT

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

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

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

West Canada Valley Central is an Equal Opportunity Employer