



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

## 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 \_\_\_\_\_

## TEACHING OR ADMINISTRATIVE EXPERIENCE

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

### PROFESSIONAL ORGANIZATION MEMBERSHIPS AND PROFESSIONAL HONORS

### OTHER SKILLS AND ABILITIES

*Please list your 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
<hr/>		
<hr/>		
<hr/>		
May we contact your current employer?	Yes	No
May we contact your former employer?	Yes	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.

<b>Applicant's Signature</b> <span style="float: right;"><b>Date</b></span>

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*