

MARGARETVILLE CENTRAL SCHOOL
415 MAIN STREET, PO BOX 319
MARGARETVILLE, NY 12455

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

Date of Application: _____

Position Applied For: _____

Referral Source: _____ Advertisement _____ Friend
_____ Employment Agency _____ Relative
_____ Other _____ Walk-In

PERSONAL DATA

Name: _____

Last First Middle

Present Address: _____

Street City State Zip Code

Permanent Address: _____

Street City State Zip Code

Telephone Number: () _____

Area Code

Social Security Number: _____

NYS Teacher Retirement Number (if active) _____

Present Salary: _____

Expected Salary: _____

CERTIFICATION DATA - NEW YORK STATE CERTIFICATES

Subject/Level Type (Permanent/Provisional) Number

Subject/Level Type (Permanent/Provisional) Number

Subject/Level Type (Permanent/Provisional) Number

CERTIFICATION DATA - OUT OF STATE

Subject/Level Type (Permanent/Provisional) Number

Subject/Level Type (Permanent/Provisional) Number

EDUCATIONAL BACKGROUND

High School Attended: _____

Name Location Graduating Year

College or University _____

Dates Attended Degree Obtained

Hours of Preparation Beyond Last Degree Obtained: _____

STUDENT TEACHING

Institution	Location	Grade/Subject	Dates

TEACHING EXPERIENCE

Institution	Location	Grade/Subject	Dates	Number of Years

Total Number of Years: _____

REFERENCES

List the names of persons who know of your professional work and qualifications (Do Not List Relatives)

1.
Name _____
Complete Mailing Address _____ Telephone Number _____
2.
Name _____
Complete Mailing Address _____ Telephone Number _____
3.
Name _____
Complete Mailing Address _____ Telephone Number _____
4.
Name _____
Complete Mailing Address _____ Telephone Number _____
5.
Name _____
Complete Mailing Address _____ Telephone Number _____

NON-TEACHING EXPERIENCE

Position Held	Organization	Dates

SPECIAL INTERESTS (List those activities which you can direct or coach):

ORGANIZATIONS OF WHICH YOU ARE A MEMBER:

OTHER INFORMATION

Have you ever been released or asked to resign from an employment position?

Yes

No

Do you have any health condition that would impair your ability to perform the functions of the position for which you are applying? _____ If yes, explain: _____

Have you ever been convicted of a criminal violation? _____ If yes, please explain: _____

Are you legally eligible for employment in this country?

Yes

No

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

DESCRIBE BRIEFLY WHY YOU ARE INTERESTED IN BECOMING A TEACHER IN THE MARGARETVILLE CENTRAL SCHOOL DISTRICT AND WHAT SPECIAL QUALIFICATIONS YOU FEEL YOU HAVE FOR THIS TYPE OF POSITION:

Multiple horizontal lines for writing the response to the question above.

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 questions 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 one year. 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 _____