

**POSITION PREFERENCE**

Certificated (i.e. Teaching, etc.)	<input type="checkbox"/>
Substitute Teaching	<input type="checkbox"/>
_____	
<i>Subject</i>	

License Required (Civil Service)	<input type="checkbox"/>
_____	
<i>Position</i>	

If you are applying for a Teaching Position, please indicate subject and grade preferences: \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
*Last*
*First*
*Middle*

Present Mailing Address \_\_\_\_\_ Tel: \_\_\_\_\_  
(Include Zip Code) (Include Area Code)

Permanent Mailing Address \_\_\_\_\_ Tel: \_\_\_\_\_  
(Include Zip Code) (Include Area Code)

Social Security No. \_\_\_\_\_ Retirement System & No. \_\_\_\_\_

Do you have any impairment, physical, mental or medical, which would interfere with your ability to perform the job for which you have applied? Yes  No  If Yes, please explain on a separate sheet and attach.

Are you a U.S. citizen? Yes  No  If No, have you filed a declaration of intention to become a citizen? Yes  No

Have you ever been convicted of a crime? Yes  No  If Yes, please explain on a separate sheet.

Are you an honorably discharged veteran? Yes  No  N/A  If Yes, please give service details on a separate sheet

Are you an exempt volunteer firefighter? Yes  No

**CERTIFICATION/LICENSE**

I hold the **New York State** Teaching/Administrative Certificate(s) and/or License(s) described below: *(provide copies)*

**CERTIFICATE(S)**

Permanent  Provisional  Certificate of Qualification  \_\_\_\_\_  
(Area) (Date Issued)

Permanent  Provisional  Certificate of Qualification  \_\_\_\_\_  
(Area) (Date Issued)

If you do not have a New York State Teaching Certificate, have you made application for one? Yes  No

Do you have an evaluation of your NYS certificate status? Yes  No  *(If yes, enclose a copy)*

**LICENSE(S)**

List the License(s) held; type and issuing authority: \_\_\_\_\_

# EDUCATIONAL PREPARATION

Name and Location of School	Nature of Studies	Did You Graduate?
High School		

Name and Location of School	Dates Attended	Nature of Studies	Degree	Date Granted
College (Undergraduate) *				

Student Teaching Experience(s) - List name of school(s)	Location(s)

College (Graduate) *	Dates Attended	Nature of Studies	Degree	Date Granted

Vocational/Technical/Trade *	Dates Attended	Nature of Studies	Degree	Date Granted

*\* provide copy of transcripts*

## WORK EXPERIENCE BASED ON CERTIFICATE/LICENSE

List most recent experience first. Include any substitute or part time work, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position & Last Salary	Reason for Leaving

## OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position & Last Salary	Reason for Leaving

# TENURE STATUS

Were you ever appointed on tenure in a public school district in New York State? Yes  No

If Yes, then list the Name and address of school district where tenure was granted: \_\_\_\_\_  
\_\_\_\_\_

If Yes, then what was the Tenure Area?: \_\_\_\_\_ Effective Date: \_\_\_\_\_

If your answer to any of the following three questions is Yes, please give specifics on a separate sheet.

Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75? Yes  No

Have you ever had your Certificate revoked? Yes  No

Have you ever received a Censure and/or Reprimand based on action of the Board of Regents? Yes  No

## PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

*(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members)*

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### INTERESTS AND HOBBIES \_\_\_\_\_

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## REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name

Position

Address & Telephone No.

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May we refer to your present employer? Yes  No

May we refer to your former employer(s)? Yes  No

Placement Folder (if not already sent) may be secured from: (Name and Address): \_\_\_\_\_  
\_\_\_\_\_

