



# JEFFERSON CENTRAL SCHOOL

1332 State Route 10 • Jefferson, New York 12093

(607) 652-7821 • Fax (607) 652-7806

www.jeffersoncs.org

## Application For Employment

SUBMISSION OF A RESUME DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT in BLUE or BLACK INK or TYPE)

### POSITION PREFERENCE

POSITION APPLYING FOR: \_\_\_\_\_

TYPE OF EMPLOYMENT:  Full Time  Part Time  Substitute  Temporary  Seasonal/Summer

DATE of APPLICATION: \_\_\_\_\_

HOW DID YOU LEARN of VACANCY?

Newspaper  District Website

Other \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FORMER NAME(S) \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### CERTIFICATION and PROFESSIONAL LICENSES

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

Area of Certification	Form certificate of qualification, initial, professional, provisional, or permanent	Date of Issuance	Expiration Date

If you are eligible for (but do not possess) a NYS Teaching Certificate, have you applied for one? Yes  No

If certified in another state, please describe \_\_\_\_\_

Other professional licenses, certificates, or credentials held (including DMV CDL driver's license):

**EDUCATION:** Include all high schools, colleges/universities, and trade/vocational schools.

Name and Location of School	Dates Attended	Sem Hrs.	Major/Minor	Degree

*Upon request it is the applicant's responsibility to forward a complete placement folder including transcripts and references.*

**STUDENT TEACHING**

Name and Location of School	Subject or Grade Level(s)	Cooperating Teacher	Dates of Assignment
1. _____			
2. _____			

**TENURE STATUS**

Were you ever appointed to tenure in a public school district or BOCES district in New York State?

Yes  No  If yes, please complete:

Tenure Area \_\_\_\_\_ Date Tenure Granted \_\_\_\_\_

Name and address of school district/BOCES where tenure was granted: \_\_\_\_\_

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a?

Yes  No

<b>OTHER INFORMATION</b>	
Are you legally eligible for employment in this country? (upon employment you will be asked to verify employment eligibility.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been previously fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education? (pre-employment or certification criminal background check?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer "yes" to any of the <u>following</u> questions, please offer explanation below.	
Have you been convicted of a crime other than a traffic violation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been dismissed or asked to resign from a position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been dishonorably discharged from the armed services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your teaching/administrative certification ever been terminated or temporarily suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation or Notes: _____ _____	

## EMPLOYMENT HISTORY

Please begin with most recent (or current) employer.

EMPLOYER	TELEPHONE	Dates Employed From To		Salary
ADDRESS				
JOB TITLE		Full Time ____ Part Time ____ %		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE		Summarize the Nature of the Work Performed and Job Responsibilities		
REASON FOR LEAVING				
MAY WE CONTACT FOR A REFERENCE Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				

EMPLOYER	TELEPHONE	Dates Employed From To		Salary
ADDRESS				
JOB TITLE		Full Time ____ Part Time ____ %		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE		Summarize the Nature of the Work Performed and Job Responsibilities		
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IMMEDIATE SUPERVISOR, TITLE & TELEPHONE		Summarize the Nature of the Work Performed and Job Responsibilities		
REASON FOR LEAVING				
MAY WE CONTACT FOR A REFERENCE Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				

**REFERENCES**

List at least three individuals (including at least one previous supervisor) having personal knowledge of your professional training, ability, experience and personal character. Include each individual's name, address, and telephone number.

Name	Position/Title	Address
_____	_____	_____
Phone	_____	_____
_____	_____	_____
Phone	_____	_____
_____	_____	_____
Phone	_____	_____
_____	_____	_____
Phone	_____	_____

**PERSONAL STATEMENT**

Give any additional information which you think might be of value to us in considering you for this position. Include avocations, foreign language fluency, coaching experience, or other professional, civic or volunteer information you believe are related to the position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question 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 will be kept on file for a period of one year from date of receipt and you will be considered for all positions to which you've applied during that one-year time period.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_