



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 NAMES: _____

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

OTHER INFORMATION

Are you legally eligible for employment in this country? Yes No
 (upon employment you will be asked to verify employment eligibility.)

Have you been previously fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education? Yes No
 (pre-employment or certification criminal background check?)

If you answer "yes" to any of the following questions, please offer explanation below.

Have you been convicted of a crime other than a traffic violation? Yes No

Have you been dismissed or asked to resign from a position? Yes No

Have you been dishonorably discharged from the armed services? Yes No

Has your teaching/administrative certification ever been terminated or temporarily suspended? Yes No

Explanation or Notes:

EMPLOYMENT HISTORY

Please begin with most recent (or current) employer.

EMPLOYER	TELEPHONE	Dates Employed	
		From	To
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
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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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"/>			

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 _____