

# Instructional/Administrative Employment Application

Date \_\_\_\_\_

## Position Preference -Indicate all that you are qualified for and interested in

Position (Subject/Area)
Substitute Teacher (K-12, K-6, 6-8, or 9-12)
Tutor (Subject/Area)
Teacher Assistant

## Personal Information

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

Mailing Address \_\_\_\_\_  
PO Box or Street City State Zip

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ NYS Retirement Number \_\_\_\_\_  
*optional, but needed at time of hire*

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, explain.

*A conviction will not necessarily disqualify an applicant from employment.*

Are you a veteran? Yes No If yes, did you receive an honorable discharge? Yes No

**Certification/License** I hold the **New York State** Teaching/Administrative Certificate(s) described below.

*(PLEASE PROVIDE COPIES)*

Permanent Professional	Provisional Initial	Area	Date Issued or	Date TBA
Permanent Professional	Provisional Initial	Area	Date Issued or	Date TBA

If you do not have a NYS Certificate, have you made application for one? Yes No

If yes, specify certification area \_\_\_\_\_

If no, indicate the college degree you hold : Bachelors Masters Doctorate (itemize on next page)

Other licenses/certificates held; type and issuing authority

## Fingerprinting & Criminal History Background Check

Effective 7/1/2001 the Schools Against Violence in Education (SAVE) Legislation requires all new school district employees, *(both certified and non-certified)*, to undergo fingerprinting and criminal history background check through the NYS Education Department as clearance for employment or certification.

Have you, within this current/or just past school year completed this process resulting in the paperwork being submitted to the NYS Education Department? Yes No If yes, Name the school institution that originated your most current fingerprinting & criminal history background check and submitted the documents to OSPRA at the NYS Education Dept.: \_\_\_\_\_  
 Date Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Educational Preparation

Name & Location of School	Dates Attended (Optional)	Nature of Studies	Semester Hours Completed	Name of Degree Received	Date Degree Granted (optional)
College (Undergraduate)*					
College (Graduate)*					
Vocational/Technical/Trade*					

\*provide copy of transcripts (official transcripts required at time of Board appointment)

### Teaching or Administrative Experience

List most recent experience first. Include any substitute or part-time teaching and indicate as such. **Attach additional sheets if necessary.**

FROM	TO	EMPLOYER	TELEPHONE #
YOUR JOB TITLE/POSITION		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? Yes No Later			
REASON FOR LEAVING		SALARY or HOURLY RATE and HOURS PER WEEK	START \$ Hours Per Week
		FINAL \$	Hours Per Week
FROM	TO	EMPLOYER	TELEPHONE # (
YOUR JOB TITLE/POSITION		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? Yes No Later			
REASON FOR LEAVING		SALARY or HOURLY RATE and HOURS PER WEEK	START \$ Hours Per Week
		FINAL \$	Hours Per Week
FROM	TO	EMPLOYER	TELEPHONE #
YOUR JOB TITLE/POSITION		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
"MAY" WE CONTACT FOR REFERENCE? Yes No Later			
REASON FOR LEAVING		SALARY or HOURLY RATE and HOURS PER WEEK	START \$ Hours Per Week
		FINAL \$	Hours Per Week
FROM	TO	EMPLOYER	TELEPHONE #
YOUR JOB TITLE/POSITION		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? Yes No Later			
REASON FOR LEAVING		SALARY or HOURLY RATE and HOURS PER WEEK	START \$ Hours Per Week
		FINAL \$	Hours Per Week

## Non-Teaching Experience

List most recent experience first. **Attach additional sheets if necessary.**

Dates Employed	Hours/week - FTE	Employer, Phone	Position Held	Reason for Leaving

**United States Military Full-Time Experience:** Branch of Service: \_\_\_\_\_  
Years Served Full-Time: \_\_\_\_\_

## Tenure Status

Have you ever received tenure in a public school district in New York State? Yes No

If yes, complete the following. Tenure Area \_\_\_\_\_ Effective Date \_\_\_\_\_

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Name and address of school district where tenure was granted

## Professional & Scholastic Organizations, Memberships, Honors

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

## Other Skills and Abilities

For example: coaching, knowledge of sign language, CPR Certified, First Aid Certified

## References

List three individuals having personal knowledge of your professional training, ability, experience and personal character. These references may be contacted by the District. *Please send copies of your credential file or three letters of reference with this application.*

Name	Position & Relation to you	Daytime Telephone number

## Applicant's Statement

Confining yourself to the space allotted, provide a statement including your vision, philosophy, and any additional information which you think might be of value in considering you for a position with the South Seneca Central School District.

**Certification and Signature** I 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 employment. Furthermore, I understand and agree to abide by the procedures for fingerprinting and criminal history background check as required by law prior to appointment. I understand that any fees associated with these procedures will be paid by me.

**Applicant's Signature**

**Date**

Interviews for vacancies are arranged by appointment only and will take place prior to the **Board of Education approval.**

*Please return completed application with support documents to:*

Shelley Reynolds, Personnel Clerk

**South Seneca Central School District** 7263 Main Street, Ovid, NY 14521

**Telephone: (607) 869-9636** (x4147) **Fax: (607) 869 9553**

**[Email: sreynolds@southseneca.org](mailto:sreynolds@southseneca.org)**

Equal Opportunity Employer