



CERTIFIED EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____ Date of Application: _____
 Address: _____ Home Phone: _____
 _____ Cell Phone: _____
 Email: _____ Work Phone: _____

NYS Retirement System Member: Yes ___ No ___
 NYS Retirement System Member #: _____

PLACEMENT INFORMATION

Position Applying For: _____
 Department: _____
 Type of Employment: Full-Time _____ Part-Time _____ Temp _____
 Are you willing to substitute? _____

CERTIFICATION INFORMATION

I hold the following NYS Certificate(s): *(please provide copies)*

Area	Date Issues/Expiration Date	Type
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

TENURE AREA

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

Area: _____ Date Granted: _____
 District: _____

Were you ever denied tenure in a public school district in NYS or another state? Yes ___ No ___



EDUCATION

High School: _____

College/University/Business/Tech School	From	To	Degree	Major/Minor
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____

The number of credit hours towards a graduate degree: _____

STUDENT TEACHING/INTERNSHIP EXPERIENCE

Please list experiences in recognized preparation programs only.

District School Name: _____
 Dates: _____ Grade(s): _____ Subject(s): _____
 Supervisor: _____

District School Name: _____
 Dates: _____ Grade(s): _____ Subject(s): _____
 Supervisor: _____

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 Dates: _____ Grade(s): _____ Subject(s): _____
 Supervisor: _____

ADDITIONAL SKILLS

Include those that are relevant to prospective jobs

Languages: _____ Fluent: _____ Minimal: _____
 Music: _____ Instrument(s): _____
 Vocal: _____
 Art: _____
 Phys Ed: _____
 Coaching: _____ Description: _____



CURRENT EMPLOYMENT INFORMATION:

School District: _____
 Address: _____
 Phone Number: _____ To/From: _____
 Date Available: _____

OTHER EXPERIENCE IN EDUCATION

Position: _____	Position: _____
School: _____	School: _____
Grade(s): _____	Grade(s): _____
Subject: _____	Subject: _____
To/From: _____	To/From: _____
Reason for Leaving: _____	Reason for Leaving: _____

Position: _____	Position: _____
School: _____	School: _____
Grade(s): _____	Grade(s): _____
Subject: _____	Subject: _____
To/From: _____	To/From: _____
Reason for Leaving: _____	Reason for Leaving: _____

CERTIFICATE(S)
(Please provide copies)

	<u>Date Issued</u>	<u>Institute where taken</u>
(1) Child Abuse	_____	_____
(2) School Violence Prevention	_____	_____
(3) Autism	_____	_____
(4) Other	_____	_____

EXPERIENCE OTHER THAN IN EDUCATION

Employer: _____
 Address: _____
 Position: _____ Dates: _____

Employer: _____
 Address: _____
 Position: _____ Dates: _____



REFERENCES

MUST PROVIDE AT LEAST THREE

Name: _____ Telephone: _____
(current supervisor - may we contact now? Yes/No)

Position: _____
 Address: _____

Name: _____ Telephone: _____
 Position: _____
 Address: _____

Name: _____ Telephone: _____
 Position: _____
 Address: _____

Name: _____ Telephone: _____
 Position: _____
 Address: _____

BACKGROUND INFORMATION

Veteran of US Military: Yes ___ No ___ Discharge Type: _____
 Branch: _____ Discharge Date: _____

Have you ever been fingerprinted for the purpose of employment? Yes ___ No ___
 If yes, where? _____ When? _____

Have you been cleared by NYSED for teaching? Yes ___ No ___
 Are you legally eligible for employment in this country? Yes ___ No ___
 Have you ever been convicted of a crime? (felony or misdemeanor) Yes ___ No ___
 If yes, see convictions section below.

Have you ever forfeited bail or bond following your appearance as a defendant in
 a criminal court action? Yes ___ No ___

Have you ever received an unsatisfactory rating in conjunction with any
 pedagogical employment? Yes ___ No ___

Have you ever been disqualified for employment for any civil service position? Yes ___ No ___
 Have you ever been discharged or required to resign from any position (other than
 staff reduction layoffs)? Yes ___ No ___



Have you ever been found guilty and/or have you ever pleaded guilty to disciplinary charges brought against you under Section 3020-a of the Education Law or Section 75 of the Civil Service Law? Yes ___ No ___

Have you ever resigned as an alternative to facing charges or dismissal? Yes ___ No ___

Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprints, or medical records? Yes ___ No ___

Have you ever had any professional certificate or license denied, revoked, or suspended by any government agency as a result of your record? Yes ___ No ___

Has a Family Court and any other court ever rendered a finding indicating that you have abused or neglected a child? (If yes, complete the confidentiality held information below) Yes ___ No ___

Date and nature of the finding: _____

Name of the court: _____

Name of the judge: _____

CONVICTIONS:

Charge: _____ Year: _____

Court: _____ Conviction: Yes ___ No ___

APPLICANT'S STATEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize any participating school district for which I have completed an employment application to check my references, to obtain information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize any school district to which this application is submitted to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district.

I understand that any omissions on this application may prevent my application from being evaluated or referred to a school district and that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district, or for discharge if I have been employed.

Applicant's Signature _____ Date _____



The Pocantico Hills Central School District does not discriminate on the basis of sex, race, color, creed, national origin, religion, age, disability, sexual orientation, marital status, veteran status, or genetic predisposition for carrier status in their recruitment, employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, Title Vi and Title VII of the Americans with Disabilities Act. If you believe you have been subject to discrimination, please contact the EEO officer of the respective school district.

If offered employment by this school district, I certify that I have not already accepted an offer of employment from another school district. I am committed to fulfilling the obligations of this employment offer.

Applicant's Signature

Date

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