



EMPLOYMENT RECORD - Please supply a complete list of full-time experience. List the most recent experience first.

Position	Organization	Size	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES - Please list the names of five persons we may contact who would be willing to offer information on your professional work and qualifications. Be sure to include the name of your immediate supervisor.

Name	Position	Address	Office Phone	Home Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have requested my placement file be forwarded from \_\_\_\_\_.

TRS# \_\_\_\_\_ Signature \_\_\_\_\_

MAILING INSTRUCTIONS: University placement credentials, completed application form and all supporting materials should be sent to:

Sherburne-Earlville Central School  
Gina Muhlfeld, District Clerk  
15 School Street  
Sherburne, New York 13460

e-mail address:  
muhlfeldg@secsd.org

(607) 674-7300