



Submit application, résumé, certification, and placement folder to:

## Sherburne-Earlville Central School

15 School Street

Sherburne, New York 13460

(607) 674-7300

www.secsd.org

Fax: (607) 674-9742

# Application For Employment

SUBMISSION OF A RÉSUMÉ DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION. DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

The school district does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973.

(PLEASE PRINT)

### POSITION PREFERENCE

POSITION APPLYING FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

TYPE OF EMPLOYMENT: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Substitute \_\_\_ Temporary \_\_\_ Summer

ARE YOU WILLING TO BE A SUBSTITUTE? \_\_\_\_\_

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal History Record Check for Prospective School Employees and Applications for Certification)?

Yes  No  Where \_\_\_\_\_ When \_\_\_\_\_

### PERSONAL INFORMATION

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

PERMANENT ADDRESS: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

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

\_\_\_\_\_

e-mail: \_\_\_\_\_

### CERTIFICATION/PROFESSIONAL LICENSE

I hold the **New York State** Teaching/Administrative Certificate(s) described below: *(provide copy)*

Area

Permanent  Provisional  Certificate of  
Professional  Initial  Qualification \_\_\_\_\_

Permanent  Provisional  Certificate of  
Professional  Initial  Qualification \_\_\_\_\_

If you do not have a New York State Teaching Certificate, have you applied for one?  Yes  No

Other licenses held: type and issuing authority \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*(provide copies)*

## EDUCATION

| Name and Location of School | Major/Minor    | Did you Graduate? |             |        |
|-----------------------------|----------------|-------------------|-------------|--------|
| High School                 |                |                   |             |        |
| Name and Location of School | Dates Attended | Sem Hrs.          | Major/Minor | Degree |
| College (Undergraduate)     |                |                   |             |        |
| College (Graduate)          |                |                   |             |        |
| Vocational/Technical/Trade  |                |                   |             |        |

*It is the applicant's responsibility to have official college transcripts, placement folder, and copy of certification forwarded to the personnel office.*

## STUDENT TEACHING

| Dates | Name and Location of School | Subject or Grade Level | Cooperating Teacher |
|-------|-----------------------------|------------------------|---------------------|
| 1.    |                             |                        |                     |
| 2.    |                             |                        |                     |

## TENURE STATUS

Were you ever appointed to tenure in a public school district or Board of Cooperative Educational Services in New York State?  Yes  No If *yes*, complete:

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

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

## OTHER INFORMATION

Have you ever been released or asked to resign from an employment position?  Yes  No If *yes*, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal violation, excluding minor traffic offenses?  Yes  No If *yes*, please explain: \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?  Yes  No Branch \_\_\_\_\_

Were you dishonorably discharged from the U.S. Armed Forces?  Yes  No If *yes*, please explain: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No  
(Upon employment you will be asked to produce two original forms of identification.)

# EMPLOYMENT HISTORY

*Begin with most recent. Indicate name worked under if different.*

|   |   |                           |        |
|---|---|---------------------------|--------|
| EMPLOYER  | TELEPHONE   | DATES EMPLOYED<br>FROM TO | SALARY |
| ADDRESS   | FULL-TIME ____ PART-TIME ____ %                                     |                           |        |
| JOB TITLE   | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES |                           |        |
| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE   |   |                           |        |
| REASON FOR LEAVING  |   |                           |        |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |   |                           |        |

|   |   |                           |        |
|---|---|---------------------------|--------|
| EMPLOYER  | TELEPHONE   | DATES EMPLOYED<br>FROM TO | SALARY |
| ADDRESS   | FULL-TIME ____ PART-TIME ____ %                                     |                           |        |
| JOB TITLE   | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES |                           |        |
| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE   |   |                           |        |
| REASON FOR LEAVING  |   |                           |        |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |   |                           |        |

|   |   |                           |        |
|---|---|---------------------------|--------|
| EMPLOYER  | TELEPHONE   | DATES EMPLOYED<br>FROM TO | SALARY |
| ADDRESS   | FULL-TIME ____ PART-TIME ____ %                                     |                           |        |
| JOB TITLE   | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES |                           |        |
| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE   |   |                           |        |
| REASON FOR LEAVING  |   |                           |        |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |   |                           |        |

|   |   |                           |        |
|---|---|---------------------------|--------|
| EMPLOYER  | TELEPHONE   | DATES EMPLOYED<br>FROM TO | SALARY |
| ADDRESS   | FULL-TIME ____ PART-TIME ____ %                                     |                           |        |
| JOB TITLE   | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES |                           |        |
| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE   |   |                           |        |
| REASON FOR LEAVING  |   |                           |        |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |   |                           |        |

## REFERENCES

List three individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last administrator whom we may contact for a personal or professional reference.

| Name     | Position | Address & Telephone No. |
|----------|----------|-------------------------|
| 1. _____ | _____    | _____                   |
| 2. _____ | _____    | _____                   |
| 3. _____ | _____    | _____                   |

## PERSONAL STATEMENT

Give any additional information which you think might be of value in considering you for a position, (*e.g.*, Avocations, Foreign Languages Spoken, Coaching Experience, Travel, Volunteer Work, etc.):

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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 is current for one year. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

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