



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

**SUPERINTENDENT**  
**Sherburne-Earlville Central School District**

15 School Street  
Sherburne, New York 13460

Phone (607) 674-7300 • Fax (607) 674-9742 • www.secsd.org

# 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 race, color, national origin, religion, marital status, military status, sex, age, sexual orientation, gender identity, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et. seq. known as the Americans With Disabilities Act or §504 of the Rehabilitation Act of 1973 and New York State Human Rights Law.

(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? Yes  No

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: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

EMAIL ADDRESS: \_\_\_\_\_

## CERTIFICATION/PROFESSIONAL LICENSE

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

Area

Professional  Initial  \_\_\_\_\_

Professional  Initial  \_\_\_\_\_

Permanent  Provisional  \_\_\_\_\_

Permanent  Provisional  \_\_\_\_\_

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 FROM TO	
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 FROM TO	
ADDRESS		FULL-TIME ____ PART-TIME ____ %	
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES	
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE			
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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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OPTIONAL** — Please tell us how you heard of this opening \_\_\_\_\_