



Sullivan County Board of Cooperative Educational Services

6 Wierk Avenue • Liberty, NY 12754-2116
(845) 295-4000 • Fax: (845) 292-8694

APPLICATION FOR PROFESSIONAL POSITION

Position Applying For: [] Teacher [] Other _____

Districts Applying For:
(Please check all the Districts you are willing to work in)

- [] Eldred [] Fallsburg [] Liberty [] Livingston Manor
[] Monticello [] Roscoe [] Sullivan West [] Tri-Valley
[] Sullivan County BOCES

PERSONAL

Date _____

Name

_____ Last First Middle
Address

_____ Street Apt #

_____ City State ZIP Telephone

Permanent Address (if different from above):

_____ Street Apt #

_____ City State ZIP Telephone

N.Y.S. Teachers Retirement Number _____

Have you ever been convicted of a crime? _____ (this item, in and of itself, would not necessarily keep you from being hired).

If yes, explain:

Do you have any reservations about signing an Oath of Allegiance as prescribed by Section 3002 of the New York State Education Law?

CERTIFICATION / LICENSES

List all certificates / licenses held or applied for:

- | | | | | |
|--------------|----|------------------------------|----|-------------------------|
| CODE: | 1. | Permanent | 4. | Applied for and pending |
| | 2. | Provisional | 5. | Temporary |
| | 3. | Certificate of Qualification | 6. | None |

Area of Certification	Certif. Code	Certification Number	Expiration Date	State in which certification granted
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Have you been granted **TENURE**? _____. If so, AREA? _____. DATE? _____
SCHOOL DISTRICT / ADDRESS where Tenure granted:

EDUCATION BACKGROUND

High School _____

Address _____ ZIP _____

Type of Diploma _____

College (Undergraduate) _____

Address _____ ZIP _____

Type of Degree _____

Major _____ Minor _____

College (Graduate) _____

Address _____ ZIP _____

Type of Degree _____

Major _____ Minor _____

Number of semester hours above highest degree: _____

(List other schools attended on reverse side).

EMPLOYMENT HISTORY List all paid teaching experience. Include student teaching experiences if you have not had a paid position.

SCHOOL / ADDRESS / TELEPHONE	SUBJECT/AREA TAUGHT	TOTAL YEARS PAID

List other adult work experiences you have had other than teaching (use reverse side if necessary:)

EMPLOYER	ADDRESS	TELEPHONE	TYPE OF WORK

Have you ever been fired or asked to resign any former position? _____ If yes, where?

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Give a brief biographical sketch (include interests, hobbies, books read, honors, distinctions, travels, and other abilities, qualifications and strengths:

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Please give a general statement indicating your long-term goals as they relate to the education of the children within the position for which you are applying:

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REFERENCES

Use full, correctly spelled names, complete Street, City, State and ZIP plus Area Code and Telephone Number. List school administrators under whom you have worked and others who have first-hand knowledge of your character, personality, and teaching ability. Please list people even though they may have written letters currently in your Placement File:

NAME	TITLE	INSTITUTION	ADDRESS	TEL

MAILING INSTRUCTIONS

Applicant should have college placement credentials, official transcripts, and copies of certifications forwarded to address at top of Page -1-.

Earliest date you would be able to begin work _____.

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR IMMEDIATE DISMISSAL FROM SULLIVAN COUNTY BOCES, IF EMPLOYED. MY SIGNATURE BELOW AUTHORIZES SULLIVAN COUNTY BOCES TO REQUEST REFERENCES AND RELEASE INFORMATION REGARDING MY QUALIFICATIONS FROM THOSE PEOPLE I HAVE LISTED IN MY APPLICATION. I ALSO GIVE PERMISSION TO ANY LISTED EMPLOYER TO SUBMIT REFERENCES UPON BOCES' WRITTEN REQUEST.

Applicant's signature

FOR OFFICE USE ONLY
Applicant interviewed by _____ Date _____

Sullivan County BOCES is an Equal Opportunity Employer.