

Eldred Central School District

PO Box 249

600 Route 55

Eldred, New York 12732

(845) 557-6014

FAX: (845) 557-3672

www.eldredschoools.org

APPLICATION FOR EMPLOYMENT

Print or Type

DATE: _____

POSITION(S) REQUESTED: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL _____

PERMANENT ADDRESS: _____ PHONE #: _____
(AREA CODE & NO.)

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NO.: _____ TRS RETIREMENT NO.: _____

TEMPORARY ADDRESS: _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE AVAILABLE: _____ GRADES AND SUBJECTS PREFERRED: _____

(List in order of preference)

EDUCATIONAL & PROFESSIONAL TRAINING: *(List most recent first)*

<u>Name of Institution</u> <u>And Address</u>	<u>Dates of Attendance</u>	<u>Major</u>	<u>Semester</u> <u>Hours</u>	<u>Degree</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

(If more space is needed, please continue on back)

CERTIFICATION STATUS

<u>Certification Area</u>	<u>Provisional OR Permanent</u>	<u>Expiration Date</u>	<u>Certificate No.</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

PROFESSIONAL ACTIVITIES

In-Service/Staff Development Courses Taken:

1. _____
2. _____
3. _____
4. _____

PERSONAL DATA

Military Service:

<u>Branch</u>	<u>Status</u>	<u>Inclusive Dates</u>	<u>Duties, Assignments</u>

Are you a citizen of the U.S.? Yes No

Have you ever had a criminal conviction? Yes No (If YES, please explain the details in a letter and submit it with this application)

Do you have any physical or mental impairment that would prevent you from performing the job you are applying for? _____

Have you ever been asked to leave the employ of another district? Yes _____ No _____

Why are you leaving your present position? _____

Have you ever been granted tenure in a school district? Yes ____ No ____
If YES, list effective date of tenure, tenure area, and school district(s) where you were granted tenure. If NO, list the reason (s), to your knowledge, why you were not granted tenure:

Why have you chosen to apply for this position? _____

PROFESSIONAL EXPERIENCE

A. Teaching

<u>Name of School & Location</u>	<u>Supervisor</u>	<u>Position</u>	<u>Grade or Level</u>	<u>Dates</u>	<u>Salary</u>
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1. _____

2. _____

3. _____

4. _____

B. Non-Teaching

<u>Employer's Name</u>	<u>Address</u>	<u>Nature of Work</u>	<u>Dates</u>
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1. _____

2. _____

3. _____

4. _____

List activities you would be interested in directing, coaching or supervising if hired for the position:

1. _____

2. _____

3. _____

1. In relation to the students, staff and community, briefly describe the personal and professional strengths you would bring to this district. _____

2. Describe your professional qualifications and experiences that you feel enhance your status as a candidate. (Travel, lectures, publications, special programs, achievements, interests, training, curriculum development processes). _____

PROFESSIONAL REFERENCES

Give at least 3 references of people who have knowledge of your potential as a teacher or employee.

	<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Place an asterisk before those references you would like contacted only with your consent at a later date.*

ADDITIONAL MATERIALS TO BE SUBMITTED

(Please check if you have asked for items to be sent or are sending them yourself.)

- ___1. Credentials/Certification from Placement Service (College or Private).
- ___2. Transcript of college work.

Please return completed blank to: Dr. Berneice Brownell
Superintendent of Schools
Eldred Central School
PO Box 249
Eldred, NY 12732
PH: (845) 557-6141

APPLICANT'S STATEMENT

I hereby certify the statements made in this application are accurate to the best of my knowledge. Falsification of any information may be construed as grounds for dismissal.

Date

Signature

The Eldred Central School District does not discriminate on the basis of sex, disability, race, religion, national origin, age, or marital status. This policy of nondiscrimination applies to the following areas: recruitment and appointment of employees, employment pay and benefits, counseling services for students, access by students to educational programs, course offerings, and student activities.

FOR ADMINISTRATIVE USE ONLY

Interviewed By: _____ Date: _____

Placement Folder Attached: _____

References Contacted/Reviewed (minimum of 3): ___ Yes ___ No

Reference 1

Name of Reference: _____ Relationship to Candidate: _____

Date of Reference Check: _____

Reference's Comments (a summary): _____

Reference 2

Name of Reference: _____ Relationship to Candidate: _____

Date of Reference Check: _____

Reference's Comments (a summary): _____

Reference 3

Name of Reference: _____ Relationship to Candidate: _____

Date of Reference Check: _____

Reference's Comments (a summary): _____

Original Transcripts: _____

Certification/CQ: _____

Appointed Position (by Board of Education Resolution): _____

Tenure Area: _____

Effective Date of Appointment (following Board of Education Meeting): _____

Starting Salary/Step: _____

Graduate Credits: _____

Masters Differential: _____